The above named enti	ty submits this statement for	r the purpose of changing	i its reaistered office or	registered agent. or b	oth. in the State of Fl

SIGNATURE: JEFFREY P. FREIMARK							
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
Title	C, DIRECTOR	Title	D&T				
Name	POST, BARRY	Name	DESMARTEAU, LISA J				
Address	5200 NE 2ND AVENUE	Address	5200 NE 2 AVENUE				
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137				
Title	Ρ	Title	D				
Name	BAUER, CLIFFORD	Name	TREGLIA, ANTHONY				
Address	5200 NE 2 AVENUE	Address	5200 NE 2 AVENUE				
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137				

MIAMI, FL 33137 US

**Current Mailing Address:** 5200 NE 2ND AVENUE

## FEI Number: 65-1151478

#### Name and Address of Current Registered Agent:

FREIMARK, JEFFREY P 5200 NE 2ND AVENUE MIAMI, FL 33137 US

changing its registered office or registered agent, or both, in the State of Florida.

## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARRY POST

**CHAIRMAN** 

01/29/2013 Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N0100007798

Entity Name: DOUGLAS GARDENS HOME CARE, INC.

#### **Current Principal Place of Business:**

5200 NE 2ND AVENUE MIAMI, FL 33137