**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 27, 2014**
**Secretary of State**
**CC9444267054**

DOCUMENT# P02000109053

**Entity Name:** COMPLETE HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

1200 S. FEDERAL HWY., STE. 205
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

1200 S FEDERAL HWY
SUITE 205
BOYNTON BEACH, FL 33435

**FEI Number: 61-1445626**

**Certificate of Status Desired:** No

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

HABIB, BAHER
7491 RIDGEFIELD LANE
LAKE WORTH, FL 33467 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | P | Title | T |
| Name | HABIB, BAHER F | Name | ISHAK, EMAD |
| Address | 7491 RIDGEFEILD LANE | Address | 10288 HUNT CLUB LANE |
| City-State-Zip: | LAKE WORTH FL 33467 | City-State-Zip: | PALM BEACH GARDENS FL 33418 |

| | |
|---|---|
| Title | VP |
| Name | GREENHALGH, TERRY |
| Address | 7491 RIDGEFIELD LANE |
| City-State-Zip: | LAKE WORTH FL 33467 |

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: BAHER HABIB 02/27/2014

Electronic Signature of Signing Officer/Director Detail — Date