

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000069985

**Entity Name:** LIFELINE HOME HEALTHCARE PROVIDERS, INC.

**Current Principal Place of Business:**

8000 SW 67TH AVE  
2ND FLOOR  
MIAMI, FL 33143

**Current Mailing Address:**

8000 SW 67TH AVE  
2ND FLOOR  
MIAMI, FL 33143

**FEI Number:** 20-0055571

**Certificate of Status Desired:** No

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

PIEDRA, MANUEL A  
8000 SW 67TH AVE  
2ND FLOOR  
MIAMI, FL 33143 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 D  
Name PIEDRA, MANUEL A  
Address 8000 SW 67TH AVE  
City-State-Zip: 2ND FLOOR FL 33143

*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:** MANUEL PIEDRA

**PRESIDENT**

**03/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date