

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069985

Entity Name: LIFELINE HOME HEALTHCARE PROVIDERS, INC.

Current Principal Place of Business:

9425 SW 72ND ST.,
SUITE 237
MIAMI, FL 33173

Current Mailing Address:

9425 SW 72ND ST.,
SUITE 237
MIAMI, FL 33173 US

FEI Number: 20-0055571

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIEDRA, MANUEL A
9425 SW 72 ST
SUITE 237
MIAMI, FL 33173 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 9425 SW 72ND ST.,
SUITE 237
City-State-Zip: MIAMI FL 33173

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

DIRECTOR

07/01/2017

Electronic Signature of Signing Officer/Director Detail

Date