

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114849

Entity Name: 5 STAR HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

5104 N.ORANGE BLOSSOM TRAIL
116
ORLANDO, FL 32810

Current Mailing Address:

5104 N. ORANGE BLOSSOM TRAIL
116
ORLANDO, FL 32810

FEI Number: 03-0547616

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411 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 PD
Name VILABRERA, CONRAD
Address 838 ARBORMOOR PLACE
City-State-Zip: LAKE MARY FL 32746

Title VD
Name LUCES, MAYLING A
Address 838 ARBORMOOR PLACE
City-State-Zip: LAKE MARY FL 32746

Title TD
Name LUCES, MAYLING A
Address 838 AROBORMOOR PLACE
City-State-Zip: LAKE MARY FL 32746

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: CONRAD VILABRERA

PD

01/07/2015

Electronic Signature of Signing Officer/Director Detail

Date