

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000138090

**Entity Name:** CADC HOME HEALTH CENTER, INC.

**Current Principal Place of Business:**

7944 SW 8 ST.  
MIAMI, FL 33144

**Current Mailing Address:**

7944 SW 8 ST.  
MIAMI, FL 33144 US

**FEI Number: 75-3169596**

**Certificate of Status Desired: No**

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

IBANEZ, LUIS A  
7944 S.W. 8 ST  
MIAMI, FL 33144 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           PTD  
Name           IBANEZ, LUIS A  
Address        7944 S.W. 8TH STREET  
City-State-Zip: MIAMI FL 33144

Title           VSD  
Name           MACHADO, MAGALY  
Address        7944 S.W. 8TH STREET  
City-State-Zip: MIAMI FL 33144

*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: LUIS A. IBANEZ**

**PRESIDENT**

**04/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date