

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000131267

Entity Name: CARE PLUS HOME HEALTH AGENCY INC.

Current Principal Place of Business:

18800 NW 2ND AVE
SUITE 116
MAIMI GARDENS, FL 33169-4044

Current Mailing Address:

18800 NW 2ND AVE
SUITE 116
MAIMI GARDENS, FL 33169-4044

FEI Number: 59-3829080

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORIN, MARIE M
14855 SW 39 CT
MIRAMAR, FL 33027 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	Title	DS
Name	MORIN, MARIE M	Name	MORIN, WILFRID
Address	14855 SW 39 CT	Address	14855 SW 39 CT
City-State-Zip:	MIRAMAR FL 33027	City-State-Zip:	MIRAMAR FL 33027

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: MARIE MAUD MORIN

DIRECTOR

03/25/2013

Electronic Signature of Signing Officer/Director Detail

Date