2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2016
Secretary of State
CC6904339833

DOCUMENT# P06000034559

Entity Name: MAXIMUM CARE HOME HEALTH INC

Current Principal Place of Business:

900 W 49TH STREET
SUITE 236
HIALEAH, FL 33012

Current Mailing Address:

900 W 49TH STREET
SUITE 236
HIALEAH, FL 33012 US

FEI Number: 20-4507426

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMADOR, IVONNE E
235 W 52ND ST
HIALEAH, FL 33012 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	P
Name	AMADOR, IVONNE E
Address	235 WEST 52 ST
City-State-Zip:	HIALEAH FL 33012

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: IVONNE AMADOR OWNER 01/18/2016

Electronic Signature of Signing Officer/Director Detail — Date