

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000138622

**Entity Name:** GABLES HOME HEALTH, INC.

**Current Principal Place of Business:**

9380 SW 72 ST  
SUITE B-214  
MIAMI, FL 33173

**Current Mailing Address:**

9380 SW 72 ST  
SUITE B-214  
MIAMI, FL 33173 US

**FEI Number:** 20-5817074

**Certificate of Status Desired:** No

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

GOMEZ, GISSELLE  
9380 SW 72 ST  
SUITE B-214  
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 PD  
Name GOMEZ, GISSELLE  
Address 9380 SW 72 ST  
SUITE B-214  
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:** GISSELLE GOMEZ

**OWNER**

**04/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date