

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000056302

**Entity Name:** MARILU HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

5190 NW 167 ST SUIT 306  
MIAMI, FL 33014

**Current Mailing Address:**

5190 NW 167 ST SUIT 306  
MIAMI, FL 33014

**FEI Number:** 20-8975390

**Certificate of Status Desired:** Yes

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

ALONSO, MARIA M  
5190 NW 167 ST SUIT 306  
MIAMI, FL 33014 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 ALONSO, MARIA M  
Address 5190 NW 167 ST SUIT 306  
City-State-Zip: MIAMI FL 33014

*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:** MARIA M ALONSO

**PRESIDENT**

**03/10/2015**

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

\_\_\_\_\_  
Date