

2014 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

09/05/2014

Electronic Signature of Signing Officer/Director Detail

Date