

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000096144

**Entity Name:** BRICKELL HOME HEALTH SERVICES, INC.

**Current Principal Place of Business:**

7158 SW 47 ST  
MIAMI, FL 33155

**Current Mailing Address:**

7158 SW 47 ST  
MIAMI, FL 33155

**FEI Number: 32-0212755**

**Certificate of Status Desired: No**

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

PEREIRA, MAYTE  
7158 SW 47 ST  
MIAMI, FL 33155 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 PSD  
Name PEREIRA, MAYTE  
Address 7158 SW 47 ST  
City-State-Zip: MIAMI FL 33155

*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: MAYTE PEREIRA**

**PRESIDENTE**

**04/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date