

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000080924

Entity Name: NS HOME HEALTH CARE, INC.

Current Principal Place of Business:

5431 WEST 8 LN
HIALEAH, FL 33012

Current Mailing Address:

5431 WEST 8 LN
HIALEAH, FL 33012 US

FEI Number: 26-3330782

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAMPER, HECTOR A
5431 WEST 8 LN
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: HECTOR A SAMPER

03/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PDST
Name SAMPER, HECTOR A
Address 5431 WEST 8 LN
City-State-Zip: HIALEAH FL 33012

Title VP
Name BOSCH, NESTOR L
Address 1140 WEST 70TH PLACE
City-State-Zip: HIALEAH 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: HECTOR A SAMPER

PRESIDENT

03/25/2016

Electronic Signature of Signing Officer/Director Detail

Date