

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000008017

**FILED**  
**Feb 27, 2013**  
**Secretary of State**  
**CC7361550575**

**Entity Name:** ADRIAN HOME HEALTH CARE INC.

**Current Principal Place of Business:**

9560 SW 107 AVENUE # 108  
MIAMI, FL 33176

**Current Mailing Address:**

9560 SW 107 AVENUE # 108  
MIAMI, FL 33176

**FEI Number:** 37-1578560

**Certificate of Status Desired:** No

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

RAURELL, RAFAEL  
1005 SW 67 AVE  
MIAMI, FL 33144 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	Title	VPD
Name	RAURELL, RAFAEL	Name	PEREZ, LESLYE
Address	1005 SW 67 AVE	Address	1005 SW 67 AVE
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33144

*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:** LESLYE PEREZ

VPD

02/27/2013

Electronic Signature of Signing Officer/Director Detail

Date