

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000052011

**Entity Name:** PASSION HOME HEALTH CORPORATION

**Current Principal Place of Business:**

1800 SW 27 AVENUE  
MIAMI, FL 33145

**Current Mailing Address:**

1800 SW 27 AVENUE  
MIAMI, FL 33145 UN

**FEI Number: 88-2993272**

**Certificate of Status Desired: No**

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

VIERA, AIDA  
1800 SW 27 AVENUE  
MIAMI, FL 33145 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 VIERA, AIDA  
Address 1800 SW 27 AVENUE  
City-State-Zip: MIAMI FL 33145

*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: AIDA VIERA**

**MGR**

**04/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date