

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000060707

**Entity Name:** C.P.T. HOMECARE, INC.

**Current Principal Place of Business:**

13390 SW 131 STREET  
UNIT 128  
MIAMI, FL 33186

**FILED**  
**May 01, 2014**  
**Secretary of State**  
**CC3351268059**

**Current Mailing Address:**

13390 SW 131 STREET  
UNIT 128  
MIAMI, FL 33186 US

**FEI Number:** 65-0809606

**Certificate of Status Desired:** No

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

TURNER, FRANTZ  
13390 SW 131 STREET  
MIAMI, FL 33186 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	D
Name	TURNIER, FRANTZ	Name	NORA, TURNIER
Address	13390 SW 131 STREET, UNIT 128	Address	13390 SW. 131 ST UNIT 128
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186

*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:** FRANTZ TURNIER

**PRESIDENT**

**05/01/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date