

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000025208

**Entity Name:** FATIMA HOME CARE, INC.

**Current Principal Place of Business:**

1454 S.W. 1 STREET  
SUITE 120  
MIAMI, FL 33135

**FILED**  
**Sep 13, 2016**  
**Secretary of State**  
**CC3852636071**

**Current Mailing Address:**

1454 S.W. 1 STREET  
SUITE 120  
MIAMI, FL 33135 US

**FEI Number:** 65-0743407

**Certificate of Status Desired:** Yes

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

BARREIRO, ZORAIDA A.  
1454 SW 1 STREET  
SUITE 120  
MIAMI, FL 33135 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	PT	Title	VS
Name	BARREIRO, ALICIA P	Name	BARREIRO, ZORAIDA A
Address	1454 SW 1 STREET SUITE 120	Address	1454 SW 1 STREET SUITE 120
City-State-Zip:	MIAMI FL 33135	City-State-Zip:	MIAMI FL 33135

*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:** ZORAIDA BARREIRO

**VICE PRESIDENT**

**09/13/2016**

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

\_\_\_\_\_  
Date