

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 401614

FILED  
Mar 24, 2011  
Secretary of State

**Entity Name:** VISITING HOMEMAKER SERVICE OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

3570 KEITH STREET, N.W.  
CLEVELAND, TN 37312 US

**New Principal Place of Business:**

**Current Mailing Address:**

3570 KEITH STREET, N.W.  
CLEVELAND, TN 37312 US

**New Mailing Address:**

FEI Number: 59-1439214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: PRESTON, FORREST L  
Address: 3570 KEITH STREET, N.W.  
City-St-Zip: CLEVELAND, TN 37312

Title: VPTS  
Name: CROOKS, JOANNA  
Address: 3570 KEITH STREET, N.W.  
City-St-Zip: CLEVELAND, TN 37312

Title: AS  
Name: CROSS, CINDY S  
Address: 3570 KEITH STREET, N.W.  
City-St-Zip: CLEVELAND, TN 37312

Title: AS  
Name: THURMOND, JOAN E  
Address: 3570 KEITH STREET, N.W.  
City-St-Zip: CLEVELAND, TN 37312

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: JOAN E. THURMOND

AS

03/24/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date