

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004790

FILED
Aug 23, 2012
Secretary of State

Entity Name: THE HOUSE PORTABLE MEDICAL CARE, INC.

Current Principal Place of Business:

13650 CRYSTAL RIVER DRIVE
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

13650 CRYSTAL RIVER DRIVE
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 90-0723018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AVILES, MARIBEL DR.
13650 CRYSTAL RIVER DRIVE
ORLANDO,, FL 32828 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: C
Name: AVILES, MARIBEL DR.
Address: 13650 CRYSTAL RIVER DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: TR
Name: CASADO, MARIE
Address: 13650 CRYSTAL RIVER DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: TR
Name: VELEZ, BRENDA
Address: 14214 PARADISE TREE DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: TR
Name: URQUHART, KARINA
Address: 30725 PGA DRIVE
City-St-Zip: SORRENTO, FL 32776

Title: TR
Name: LOPEZ, ISIDRO A
Address: 18396 SW 158TH SRTEET
City-St-Zip: MIAMI, FL 33187

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIBEL AVILES

PRES

08/23/2012

Electronic Signature of Signing Officer or Director

Date