

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000094070

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** HOME CARE RESOURCES HOME HEALTH AGENCY, INC.

**Current Principal Place of Business:**

11601 BISCAYNE BLVD  
309  
MIAMI, FL 33181 US

**New Principal Place of Business:**

**Current Mailing Address:**

11601 BISCAYNE BLVD  
309  
MIAMI, FL 33181 US

**New Mailing Address:**

**FEI Number:** 75-3130617      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ST. FLEUR, MARIE E DON  
1455 NW 143 ST  
MIAMI, FL 33167 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: DON  
Name: ST. FLEUR, MARIE E  
Address: 11601 BISCAYNE BLVD SUTIE 309  
City-St-Zip: MIAMI, FL 33181

Title: V  
Name: ST. FLEUR, CARL  
Address: 11601 BISCAYNE BLVD., #309  
City-St-Zip: MIAMI, FL 33181

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: MARIE ST FLEUR

DON

02/17/2011

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

\_\_\_\_\_  
Date