

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000014543

FILED  
Jan 30, 2011  
Secretary of State

**Entity Name:** COMMUNITY THERAPY HOME CARE, INC.

**Current Principal Place of Business:**

6251 PARK BLVD.  
SUITE 8  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

6251 PARK BLVD.  
SUITE 8  
PINELLAS PARK, FL 33781

**New Mailing Address:**

**FEI Number:** 20-8685594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACCOLLUM, ELAINE R  
8140 BAYHAVEN DR.  
SEMINOLE, FL 33776 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: P/S  
Name: MACCOLLUM, STUART W  
Address: 8140 BAYHAVEN DR.  
City-St-Zip: SEMINOLE, FL 33776

Title: T/VP  
Name: MACCOLLUM, ELAINE R  
Address: 8140 BAYHAVEN DR.  
City-St-Zip: SEMINOLE, FL 33776

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: ELAINE R. MACCOLLUM

VP

01/30/2011

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

\_\_\_\_\_ Date