

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000103593

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** CHANCE HOMECARE, INC.

**Current Principal Place of Business:**

2100 LAKE IDA ROAD  
SUITE 2A  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

2100 LAKE IDA ROAD  
SUITE 2A  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:** 26-0875523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANCOIS, WILLY  
6781 CORAL REEF STREET  
LAKE WORTH, FL 33467 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: CEO  
Name: FRANCOIS, EDMEE RN  
Address: 6781 CORAL REEF STREET  
City-St-Zip: LAKE WORTH, FL 33467

Title: CFO  
Name: FRANCOIS, WILLY  
Address: 6781 CORAL REEF STREET  
City-St-Zip: LAKE WORTH, FL 33467

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: EDMEE FRANCOIS

PRES

04/16/2012

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

\_\_\_\_\_  
Date