



FILED
Jun 12, 2008 8:00 am
Secretary of State

05-01-2008 90201 024 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P07000113829			
1. Entity Name HOMELAND HEALTH CARE PROVIDER, INC.			
Principal Place of Business 527 16TH AVE SOUTH ST PETERSBURG, FL 33701		Mailing Address 527 16TH AVE SOUTH ST PETERSBURG, FL 33701	
2. Principal Place of Business - No P.O. Box # 2063 62nd Terrace So		3. Mailing Address 2063 62nd Terrace So	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State	
Zip 33712		Country Pinellas	
4. FEI Number 26-1203833		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHAROUN, MICHELINE 2063 62ND TERRACE SOUTH ST PETERSBURG, FL 33712		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAROUN, MICHELINE 2063 62ND TERRACE SOUTH ST PETERSBURG, FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.			
SIGNATURE: 		Date: 4-29-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

66014101

