

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000113829

FILED
Apr 20, 2009
Secretary of State

Entity Name: HOMELAND HEALTH CARE PROVIDER, INC.

Current Principal Place of Business:

2063 62ND TERR S
SAINT PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

2063 62ND TERR S
SAINT PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 26-1203833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAROUN, MICHELINE
2063 62ND TERRACE SOUTH
ST PETERSBURG, FL 33712 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHAROUN, MICHELINE
Address: 2063 62ND TERRACE SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHELINE SCHAROUN

P

04/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date