

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000113829

FILED
Apr 26, 2011
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

OFFICERS AND DIRECTORS:

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

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: MICHELINE SCHAROUN

PRES

04/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date