

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000086101

Entity Name: HOME NURSE CORP.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10850 S.W. 113TH PL.  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

10850 S.W. 113TH PL.  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 65-0701539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROIZ, OSCAR L  
10850 S.W. 113TH PL.  
MIAMI, FL 33176 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: SHAHAM, JACOB  
Address: 10850 S.W. 113TH PL.  
City-St-Zip: MIAMI, FL 33176

Title: S  
Name: SHAHAM, HELEN  
Address: 10850 S.W. 113TH PL.  
City-St-Zip: MIAMI, FL 33176

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: JACOB SHAHAM

P

04/21/2011

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

\_\_\_\_\_  
Date