## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85656

Apr 21, 2011 Secretary of State

Entity Name: HOMECARE OF SOUTH FLORIDA, INC.

**New Principal Place of Business: Current Principal Place of Business:** 6331 SUMMER SKY LANE LAKE WORTH, FL 33463 US **Current Mailing Address: New Mailing Address:** 6331 SUMMER SKY LANE LAKE WORTH, FL 33463 US FEI Number: 65-0291145 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLYNN, BARBARA ANN 6331 SUMMER SKY LANE LAKE WORTH, FL 33463 US 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:

FLYNN, BARBARA ANN Name: 6331 SUMMER SKY LANE Address: City-St-Zip: LAKE WORTH, FL 33463

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: BARBARA FLYNN DIR 04/21/2011