

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 401614

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC7533601404**

**Entity Name:** VISITING HOMEMAKER SERVICE OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

3570 KEITH STREET, N.W.  
CLEVELAND, TN 37312

**Current Mailing Address:**

3570 KEITH STREET, N.W.  
CLEVELAND, TN 37312 US

**FEI Number: 59-1439214**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Officer/Director Detail :**

Title DP  
Name PRESTON, FORREST L  
Address 3570 KEITH STREET, N.W.  
City-State-Zip: CLEVELAND TN 37312

Title VPTS  
Name CROOKS, JOANNA  
Address 3570 KEITH STREET, N.W.  
City-State-Zip: CLEVELAND TN 37312

Title AS  
Name CROSS, CINDY S  
Address 3570 KEITH STREET, N.W.  
City-State-Zip: CLEVELAND TN 37312

Title AS  
Name THURMOND, JOAN E  
Address 3570 KEITH STREET, N.W.  
City-State-Zip: CLEVELAND TN 37312

Title CTO  
Name SWANKER, RICHARD  
Address 3570 KEITH STREET, NW  
City-State-Zip: CLEVELAND TN 37312

Title EXECUTIVE VICE PRESIDENT  
Name WEBB, AARON D  
Address 3570 KEITH STREET, N.W.  
City-State-Zip: CLEVELAND TN 37312

*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: JOAN E. THURMOND**

**ASSISTANT SECRETARY 04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date