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: CARL ST. FLEUR

		0	0	8			
Officer/Director Detail :							
Title	DON				Title	V	
Name	ST. FLEUR, M	/ARIE E			Name	ST. FLEUR, CARL	
Address	11601 BISCA	YNE BLVD S	UTIE 309		Address	11601 BISCAYNE BLVD., #309	

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.

Current Mailing Address: 11601 BISCAYNE BLVD

11601 BISCAYNE BLVD

MIAMI, FL 33181

309

Current Principal Place of Business:

309 MIAMI, FL 33181 US

FEI Number: 75-3130617

City-State-Zip: MIAMI FL 33181

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ST. FLEUR, MARIE EDON 1455 NW 143 ST

MIAMI, FL 33167 US

SIGNATURE:

DOCUMENT# P03000094070

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: HOME CARE RESOURCES HOME HEALTH AGENCY, INC.

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 09, 2013 Secretary of State CC6202243786

Certificate of Status Desired: No

ADMINISTRATOR

City-State-Zip: MIAMI FL 33181

01/09/2013

Date