

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154011

Entity Name: A PLUS HOME HEALTH CARE, INC.

Current Principal Place of Business:

1111 HYPOLUXO ROAD
SUITE 201
LANTANA, FL 33462

Current Mailing Address:

1111 HYPOLUXO ROAD
SUITE 201
LANTANA, FL 33462 US

FEI Number: 61-1433445

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEMEROFSKY, TRACY A
5106 MISTY MORN ROAD
PALM BEACH GARDENS, FL 33418 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 P
Name NEMEROFSKY, TRACY A
Address 5106 MISTY MORN ROAD
City-State-Zip: PALM BEACH GARDENS FL 33418

Title V
Name NEMEROFSKY, STEPHEN L
Address 3920 N. OCEAN DRIVE, APT 16A
City-State-Zip: SINGER ISLAND FL 33404

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: STEPHEN NEMEROFSKY

VP

04/03/2017

Electronic Signature of Signing Officer/Director Detail

Date