

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000084415

**Entity Name:** AARON HOME CARE STAFFING, INC.

**Current Principal Place of Business:**

503 8TH AVENUE  
PALMETTO, FL 34221

**Current Mailing Address:**

P. O. BOX 1238  
PALMETTO, FL 34220

**FEI Number:** 54-2175480

**Certificate of Status Desired:** No

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

ROWE, RONALD S  
503 8TH AVENUE  
PALMETTO, FL 34221 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 PTSD  
Name ROWE, RONALD S  
Address 503 8TH AVENUE  
City-State-Zip: PALMETTO FL 34221

*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:** RONALD S ROWE

PTSD

03/30/2015

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

\_\_\_\_\_ Date