

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000014543

**Entity Name:** COMMUNITY THERAPY HOME CARE, INC.

**Current Principal Place of Business:**

5223 PARK BLVD.  
SUITE 201  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

5223 PARK BLVD.  
SUITE 201  
PINELLAS PARK, FL 33781

**FEI Number:** 20-8685594

**Certificate of Status Desired:** No

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

MACCOLLUM, ELAINE R  
8140 BAYHAVEN DR.  
SEMINOLE, FL 33776 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/S                 | Title           | T/VP                |
| Name            | MACCOLLUM, STUART W | Name            | MACCOLLUM, ELAINE R |
| Address         | 8140 BAYHAVEN DR.   | Address         | 8140 BAYHAVEN DR.   |
| City-State-Zip: | SEMINOLE FL 33776   | City-State-Zip: | SEMINOLE FL 33776   |

*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:** ELAINE MACCOLLUM

**TREASURER**

**04/21/2018**

Electronic Signature of Signing Officer/Director Detail

Date