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 R. MACCOLLOM

Electronic Signature of Signing Officer/Director Detail

ning Officer/Director Detail

04/12/2013

2013 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

Name and Address of Current Registered Agent:

MACCOLLOM, 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

Officer/Director Detail :

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

FILED			
Apr 12, 2013			
Secretary of State			
CC9029226567			

Date

Certificate of Status Desired: No

TREASURER

Date