

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000059658

**Entity Name:** ADVANCED HOME HEALTH CARE INC

**Current Principal Place of Business:**

8695 COLLEGE PKWY  
1152  
FORT MYERS, FL 33919

**Current Mailing Address:**

8695 COLLEGE PKWY  
1152  
FORT MYERS, FL 33919

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

WELTER, DEBRA  
8695 COLLEGE PKWY  
1152  
FORT MYERS, FL 33919 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           SECT  
Name           SLISHER, JESSICA C  
Address        3501 SE 16TH PL  
City-State-Zip: CAPE CORAL FL 33904

Title           VP  
Name           WELTER, DEBRA J  
Address        3501 SE 16TH PL  
City-State-Zip: CAPE CORAL FL 33904

Title           P  
Name           WELTER, DEBRA  
Address        3501 SE 16TH PC  
City-State-Zip: CAPE CORAL FL 33904

Title           TRES  
Name           SLISHER, JESSICA C  
Address        3501 SE 16TH PL  
City-State-Zip: CAPE CORAL FL 33904

*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: DEBRA WELTER**

**PRES**

**04/25/2017**

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

\_\_\_\_\_  
Date