## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000025207

Entity Name: VETERAN'S HOME CARE SERVICES, INC.

**Current Principal Place of Business:** 

7880 N. UNIVERSITY DRIVE SUITE 202 TAMARAC, FL 33321

## **Current Mailing Address:**

P.O. BOX 266643 WESTON, FL 33326 US

FEI Number: 46-2489657 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SMITH, ROBIN L 7880 N. UNIVERSUTY DRIVE SUITE 202 WESTON, FL 33326 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

**FILED** Feb 13, 2015

**Secretary of State** 

CC7213715836

## Officer/Director Detail:

Title **PSTD** Title

SMITH, ROBIN L THOMAS, JR., THOMAS A Name Name 7880 N. UNIVERSITY DRIVE 7880 N. UNIVERSITY DRIVE Address Address

> SUITE 202 SUITE 202

TAMARAC FL 33321 TAMARAC FL 33321 City-State-Zip: City-State-Zip:

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.

02/13/2015 SIGNATURE: ROBIN SMITH **PRESIDENT**