

2016 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

Officer/Director Detail :

Title PSTD
Name SMITH, ROBIN L
Address 7880 N. UNIVERSITY DRIVE
SUITE 202
City-State-Zip: TAMARAC FL 33321

Title VD
Name THOMAS, JR., THOMAS A
Address 7880 N. UNIVERSITY DRIVE
SUITE 202
City-State-Zip: TAMARAC FL 33321

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: ROBIN SMITH

PRESIDENT

03/22/2016

Electronic Signature of Signing Officer/Director Detail

Date