

**2021 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 8415  
DELRAY BEACH, FL 33482 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  
TAMARAC, FL 33321 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**

**02/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date