

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000029143

**Entity Name:** INFINITY HOME HEALTH CARE OF FLORIDA, INC.

**Current Principal Place of Business:**

1325 W. HIGHWAY 100  
BUNNELL, FL 32110

**Current Mailing Address:**

1325 W. HIGHWAY 100  
BUNNELL, FL 32110 US

**FEI Number: 46-5609138**

**Certificate of Status Desired: No**

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

APOLLONIO, PAUL J  
716 COBBLESTONE DR.  
ORMOND BEACH, FL 32174 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            PRES  
Name            GOULDER, PAMELA J  
Address        716 COBBLESTONE DR.  
City-State-Zip: ORMOND BEACH FL 32174

Title            VP  
Name            APOLLONIO, PAUL J  
Address        716 COBBLESTONE DR  
City-State-Zip: ORMOND BEACH FL 32174

Title            SEC  
Name            MCCORMICK, CONNIE L  
Address        1375 STATE HIGHWAY 100 W  
City-State-Zip: BUNNELL FL 32110

*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: PAMELA J GOULDER**

**PRESIDENT**

**02/17/2016**

Electronic Signature of Signing Officer/Director Detail

Date