2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0700003251

Entity Name: COMMONWEALTH HOME HEALTH CARE, INC.

Current Principal Place of Business:

479 PINEY FOREST RD DANVILLE, VA 24540

Current Mailing Address:

479 PINEY FOREST RD DANVILLE, VA 24540

FEI Number: 54-1216573

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC. 300 FIFTH AVE SUITE 101-330 NAPLES, FL 34102 US Certificate of Status Desired: Yes

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

Officer/Director Detail :

| Title | СР | Title | VCVP |
|-----------------|---------------------------|-----------------|-------------------------|
| Name | JONES, DANNY L | Name | WARREN, ROBERT F |
| Address | 479 PINEY FOREST RD | Address | 479 PINEY FOREST RD |
| City-State-Zip: | DANVILLE VA 24540 | City-State-Zip: | DANVILLE VA 24540 |
| | | | |
| | | | |
| Title | DS | Title | DT |
| Title Name | DS MCFARLAND, ROBERT S | Title Name | DT THOMSON, JACK VII |
| | | | |

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: ROBERT S. MCFARLAND

SECRETARY

03/18/2015

Date

Electronic Signature of Signing Officer/Director Detail

Date