## 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004941

Entity Name: RETIREMENT HOME CARE, INC.

**Current Principal Place of Business:** 

5790 FLEET STREET SUITE 300

CARLSBAD, CA 92008

## **Current Mailing Address:**

5790 FLEET STREET SUITE 300 CARLSBAD, CA 92008 US

FEI Number: 56-1835313 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Apr 25, 2017

**Secretary of State** 

CC3013681165

## Officer/Director Detail:

**PRES** Title Title COO

KOHLBERG, ANDREW S NOVAK, TERRI Name Name

Address 5790 FLEET STREET Address 5790 FLEET STREET

> SUITE 300 SUITE 300

CARLSBAD CA 92008 CARLSBAD CA 92008 City-State-Zip:

Title **SECR** Title **CFO** 

DRESSEL, MARK Name TAYLOR, CRAIG Name

5790 FLEET STREET, SUITE 300 5790 FLEET STREET Address Address

SUITE 300 CARLSBAD CA 92008

City-State-Zip: City-State-Zip: CARLSBAD CA 92008

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: ANDREW KOHLBERG

**PRESIDENT** 

04/25/2017 Date