

**2015 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: No**

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CFO/TREAS  
Name HYNEK, KIMBERLY  
Address 5790 FLEET STREET  
SUITE 300  
City-State-Zip: CARLSBAD CA 92008

Title PRES  
Name KOHLBERG, ANDREW S  
Address 5790 FLEET STREET  
SUITE 300  
City-State-Zip: CARLSBAD CA 92008

Title COO  
Name NOVAK, TERRI  
Address 5790 FLEET STREET  
SUITE 300  
City-State-Zip: CARLSBAD CA 92008

Title SECR  
Name FREEMAN, GILLIAN  
Address 5790 FLEET STREET, SUITE 300  
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: KIMBERLY HYNEK**

**SECRETARY**

**04/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date