

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004941

**FILED**  
**Apr 27, 2018**  
**Secretary of State**  
**CC0234024997**

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

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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            TAYLOR, CRAIG  
Address        5790 FLEET STREET, SUITE 300  
City-State-Zip: CARLSBAD CA 92008

Title            CFO  
Name            RITSCHER, MITCH J  
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: ANDREW S. KOHLBERG**

**PRESIDENT**

**04/27/2018**

Electronic Signature of Signing Officer/Director Detail

Date