

2019 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F15000000703

Entity Name: ABOUT YOU HOME HEALTH AND MEDICAL SUPPLIES INC

Current Principal Place of Business:

201 SW PORT SAINT LUCIE BLVD
SUITE 206
PORT SAINT LUCIE, FL 34984

Current Mailing Address:

201 SW PORT SAINT LUCIE BLVD
SUITE 206
PORT SAINT LUCIE, FL 34984 US

FEI Number: 80-6012283

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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 | CEO | Title | PRESIDENT |
| Name | SIMON, NEIL | Name | SELLERS, JAMES |
| Address | 201 SW PORT ST. LUCIE BLVD | Address | 201 SW PORT ST. LUCIE BLVD, |
| City-State-Zip: | PORT ST. LUCIE FL 34984 | City-State-Zip: | PORT ST. LUCIE FL 34984 |

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: NEIL SIMON

CEO

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date