2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2011
Secretary of State

DOCUMENT# 637468

Entity Name: PADGETT'S HOME CARE AND OSTOMY CENTER, INC.

Current Principal Place of Business:

4050 13TH ST
ST CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

4050 13TH ST
ST CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 59-1938587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PADGETT, PATRICIA B
5100 HELEN CT.
ST CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PST
Name: PADGETT, PATRICIA B
Address: 5100 HELEN CT.
City-St-Zip: ST CLOUD, FL 34772 US

Title: D
Name: ROGERS, STEVEN M.
Address: 2106 OAK VIEW CIRCLE
City-St-Zip: ST CLOUD, FL 34769

Title: D
Name: MILLER, BETH
Address: 712 MARYLAND AVE
City-St-Zip: ST CLOUD, FL 34769

Title: D
Name: PADGETT, DAVID S
Address: 2974 CHEROKEE ROAD
City-St-Zip: SAINT CLOUD, FL 34772

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: PATRICIA B PADGETT PST 01/14/2011

Electronic Signature of Signing Officer or Director Date