2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2010
Secretary of State

DOCUMENT# F03000001387

Entity Name: HEALTH CARE SOLUTIONS AT HOME INC.

Current Principal Place of Business:

19387 US 19 NORTH
CLEARWATER, FL 33764

New Principal Place of Business:

19387 US 19 NORTH
CLEARWATER, FL 33764 US

Current Mailing Address:

19387 US 19 NORTH
CLEARWATER, FL 33764

New Mailing Address:

19387 US 19 NORTH
CLEARWATER, FL 33764 US

FEI Number: 04-3743987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCEO
Name: BYRNES, JOHN P
Address: 19387 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33764 US

Title: DST
Name: GABOS, PAUL G
Address: 19387 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33764 US

Title: P
Name: SCHABEL, SHAWN S
Address: 19387 US 19 N
City-St-Zip: CLEARWATER, FL 33764 US

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: PAUL G GABOS DST 04/09/2010

Electronic Signature of Signing Officer or Director Date