

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001634

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** HEALTHY CONNECTIONS HOMECARE SERVICES, INC.

**Current Principal Place of Business:**

5802 HOFFNER AVE  
705  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

1416 N. SAM HOUSTON PKWY E.  
190  
HOUSTON, TX 770322961

**New Mailing Address:**

**FEI Number:** 20-0613209

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHN, GEE P  
5802 HOFFNER AVE  
705  
ORLANDO, FL 32822 US

**Name and Address of New Registered Agent:**

JOHN, GEE P PRES  
5802 HOFFNER AVE  
705  
ORLANDO, FL 32822 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: JOHN P. GEE

01/04/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GEE, JOHN P  
Address: 1416 N. SAM HOUSTON PKWY E., STE 190  
City-St-Zip: HOUSTON, TX 77032

Title: VP  
Name: THOMAS, GAYLYNN  
Address: 15701 WEST HARDY STE 3  
City-St-Zip: HOUSTON, TX 77060

Title: TREA  
Name: WATERHOUSE, TIMOTHY MD  
Address: 15701 WEST HARDY STE 3  
City-St-Zip: HOUSTON, TX 77060

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: JOHN P. GEE

PRES

01/04/2010

Electronic Signature of Signing Officer or Director

Date