

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003251

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** COMMONWEALTH HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

479 PINEY FOREST RD  
DANVILLE, VA 24540

**New Principal Place of Business:**

**Current Mailing Address:**

479 PINEY FOREST RD  
DANVILLE, VA 24540

**New Mailing Address:**

**FEI Number:** 54-1216573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVE SUITE 101-330  
NAPLES, FL 34102 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: CP  
Name: JONES, DANNY L  
Address: 479 PINEY FOREST RD  
City-St-Zip: DANVILLE, VA 24540

Title: VCVF  
Name: WARREN, ROBERT F  
Address: 479 PINEY FOREST RD  
City-St-Zip: DANVILLE, VA 24540

Title: DS  
Name: MCFARLAND, ROBERT S  
Address: 479 PINEY FOREST RD  
City-St-Zip: DANVILLE, VA 24540

Title: DT  
Name: THOMSON, JACK V II  
Address: 479 PINEY FOREST RD  
City-St-Zip: DANVILLE, VA 24540

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: ROBERT S. MCFARLAND

VP

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date