

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000103

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** ALTERNATIVE HOME CARE FOR SENIORS, INC.

**Current Principal Place of Business:**

1901 WEST COLONIAL DR STE 8  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

1901 WEST COLONIAL DR STE 8  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 58-2665307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MERCHANT, RICARDO  
1999 WEST COLONIAL DRIVE STE 210  
ORLANDO, FL 32804 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: CPT  
Name: MERCHANT, SHAWN  
Address: 2386 CLOWER STREET E-202  
City-St-Zip: SNEKKVILLE, GA 30078

Title: VCVF  
Name: MERCHANT, DERRICK  
Address: 2386 CLOWER STREET E-202  
City-St-Zip: SNEKKVILLE, GA 30078

Title: DS  
Name: MERCHANT, DERRICK  
Address: 2386 CLOWER STREET E-202  
City-St-Zip: SNEKKVILLE, GA 30078

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: RICARDO MERCHANT

AA

04/20/2012

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

\_\_\_\_\_  
Date