

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001387

FILED
Jan 06, 2012
Secretary of State

Entity Name: MAXXON HOME HEALTH CARE, INC.

Current Principal Place of Business:

237 OXMOOR CIRCLE
SUITE 108
BIRMINGHAM, AL 35209

New Principal Place of Business:

Current Mailing Address:

237 OXMOOR CIRCLE
SUITE 108
BIRMINGHAM, AL 35209

New Mailing Address:

FEI Number: 43-2021245 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TROWBRIDGE, WARREN K
3537 CORPORATE PARKWAY
PALM CITY, FL 34990 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: PT
Name: TROWBRIDGE, WARREN K
Address: 3537 CORPORATE PARKWAY
City-St-Zip: PALM CITY, FL 34990

Title: VS
Name: THIBOULT, MARY J
Address: 3537 CORPORATE PARKWAY
City-St-Zip: PALM CITY, FL 34990

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: WARREN K. TROWBRIDGE

PT

01/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date