

F13000004394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

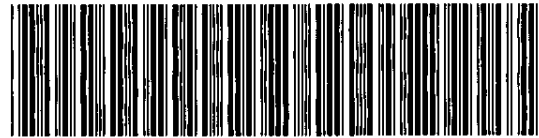
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200255013452

12/26/13--01002--026 **52.50

*Affidavit
Amending Officers*

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION
2013 DEC 26 PM 12:13
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2013 DEC 26 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
12/26/13*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Assistant Home Health Care, Inc
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marguen Boyd
Name of Contact Person

Firm/Company

1975 S. John Young Pky, Suite 104J
Address

Kissimmee FL 34741
City/State and Zip Code

marguenb4652@aol.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marguen Boyd at (901) 849 4343
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|---|---|--|--|

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FILED

2013 DEC 26 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
Assistant Home Health Care, INC
2. This entity was authorized to transact business in Florida on 10-9-13 and its Florida document number is F130000004394
3. This corporation was formed under the laws of Tennessee
4. The name and address of each officer and/or director is as follows:

Title:

P

Name and Address

Billy Wayne Boyd Sr
1975 Mount Baden
Cordova, TN 38016

S

Marquien W Boyd
1975 S. John Young Pky Suite 1045
Kissimmee FL 34741

(Attach additional pages if necessary)

Marquien W Boyd
Signature of an officer or director
Marquien W Boyd
Typed or printed name of person signing

Secretary
Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314