

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000416

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** PERSONAL TOUCH HOME CARE OF FL., INC.

**Current Principal Place of Business:**

222-15 NORTHERN BLVD  
ROOM 3RD  
BAYSIDE, NY 11361 US

**New Principal Place of Business:**

**Current Mailing Address:**

222-15 NORTHERN BLVD.  
ROOM 3RD  
BAYSIDE, NY 11361 US

**New Mailing Address:**

**FEI Number:** 65-0372468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: PD  
Name: GLAUBACH, FELIX DR.  
Address: 222-15 NORTHERN BLVD, ROOM 3RD  
City-St-Zip: BAYSIDE, NY 11361

Title: VPDT  
Name: MARX, ROBERT  
Address: 222-15 NORTHERN BLVD, ROOM 3RD  
City-St-Zip: BAYSIDE, NY 11361

Title: CEO  
Name: SLIFKIN, DAVID  
Address: 222-15 NORTHERN BLVD, ROOM 3RD  
City-St-Zip: BAYSIDE, NY 11361

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 MARX

TREA

04/26/2012

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

\_\_\_\_\_  
Date