

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90312 001 ***300.00

DOCUMENT # G54476

1. Entity Name
VISITING HOME HEALTH SERVICES, INC.



Principal Place of Business
3570 KEITH STREET, N.W.
CLEVELAND, TN 37312

Mailing Address
3570 KEITH STREET, N.W.
CLEVELAND, TN 37312

66008166



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2338099

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PRESTON, FORREST L
STREET ADDRESS 3570 KEITH STREET, N.W.
CITY-ST-ZIP CLEVELAND, TN 37312

TITLE VPS
NAME CLAYTON, ANGELENA Y
STREET ADDRESS 3570 KEITH ST NW
CITY-ST-ZIP CLEVELAND, TN 37312

TITLE AS
NAME CROSS, CINDY S
STREET ADDRESS 3570 KEITH STREET, N.W.
CITY-ST-ZIP CLEVELAND, TN 37312

TITLE AS
NAME THURMOND, JOAN E
STREET ADDRESS 3570 KEITH STREET, NW
CITY-ST-ZIP CLEVELAND, TN 37312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan E. Thurmond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/07
Date

(423) 473-5868
Daytime Phone #

Joan E. Thurmond, Assistant Secretary