

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G54476

FILED
Aug 16, 2011
Secretary of State

Entity Name: VISITING HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2338099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PRESTON, FORREST L
Address: 3570 KEITH STREET, N.W.
City-St-Zip: CLEVELAND, TN 37312

Title: VPS
Name: CROOKS, JOANNA
Address: 3570 KEITH ST NW
City-St-Zip: CLEVELAND, TN 37312

Title: AS
Name: CROSS, CINDY S
Address: 3570 KEITH STREET, N.W.
City-St-Zip: CLEVELAND, TN 37312

Title: AS
Name: THURMOND, JOAN E
Address: 3570 KEITH STREET, NW
City-St-Zip: CLEVELAND, TN 37312

Title: CTO
Name: SWANKER, RICHARD
Address: 3570 KEITH STREET, NW
City-St-Zip: CLEVELAND, TN 37312

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: JOAN E. THURMOND

AS

08/16/2011

Electronic Signature of Signing Officer or Director

Date