

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J27395

FILED  
Jan 19, 2010  
Secretary of State

Entity Name: FELT HOME CARE, INC.

**Current Principal Place of Business:**

441 SOUTH STATE RD 7, STE 9 C  
MARGATE, FL 33068 US

**New Principal Place of Business:**

**Current Mailing Address:**

441 SOUTH STATE RD 7, STE 9 C  
MARGATE, FL 33068 US

**New Mailing Address:**

FEI Number: 59-2712585

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FELT, ROSELLA  
6302 S.W. 2ND STREET  
MARGATE, FL 33068 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FELT, ROSELLA  
Address: 6302 S.W. 2ND STREET  
City-St-Zip: MARGATE, FL

Title: VPA  
Name: MARTIN-CULET, CHRISTINE  
Address: 6175 SOUTHGATE BLVD  
City-St-Zip: MARGATE, FL

Title: S  
Name: FELT, ROSELLA  
Address: 6302 SW 2ND STREET  
City-St-Zip: MARGATE, FL 33068

Title: C  
Name: FELT, ROSELLA RN  
Address: 6302 SW 2ND STREET.  
City-St-Zip: MARGATE, FL 33068

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: ROSELLA FELT

PD

01/19/2010

Electronic Signature of Signing Officer or Director

Date