2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2011
Secretary of State

DOCUMENT# J71470

Entity Name: JOHN KNOX HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

C/O ROBERT SCHARMANN
651 VILLAGE DRIVE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT SCHARMANN
651 VILLAGE DRIVE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 59-2823932 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHARMANN, ROBERT
651 VILLAGE DRIVE
POMPANO BEACH, FL 33060 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: P
Name: SCHARMANN, ROBERT P
Address: 651 SW 6TH ST
City-St-Zip: POMPANO BEACH, FL 33060

Title: ST
Name: ECCLESTON, JEAN M
Address: 651 SW 6TH ST
City-St-Zip: POMPANO BEACH, FL 33060

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 P. SCHARMANN RA 04/11/2011

Electronic Signature of Signing Officer or Director Date