

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K77673

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CHIPOLA HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

3048 4TH ST  
MARIANNA, FL 32446 US

**New Principal Place of Business:**

**Current Mailing Address:**

3048 4TH ST  
MARIANNA, FL 32446

**New Mailing Address:**

FEI Number: 59-2951223

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PARAMORE, EARL SCOTT  
4292 WOODBRIAR ROAD  
MARIANNA, FL 32446 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: PRES ( ) Delete  
Name: PARAMORE, EARL SCOTT  
Address: 4295 WOODBRIAR ROAD  
City-St-Zip: MARIANNA, FL 32446

Title: ST ( ) Delete  
Name: LEWIS, RODNEY ALLEN  
Address: 7289 SHADY GROVE ROAD  
City-St-Zip: GRAND RIDGE, FL 32442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EARL SCOTT PARAMORE

PRES

04/28/2009

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

\_\_\_\_\_  
Date