2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# K77673

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:

4314 5TH AVE.
MARIANNA, FL 32446 US

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: PARAMORE, EARL SCOTT
Address: 4295 WOODBRIAR ROAD
City-St-Zip: MARIANNA, FL 32446

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

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: EARL SCOTT PARAMORE PRES 04/28/2011

Electronic Signature of Signing Officer or Director Date