

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L24276

FILED  
Aug 21, 2009  
Secretary of State

**Entity Name:** CONTINENTAL HOMECARE SERVICES, INC.

**Current Principal Place of Business:**

4690 N.W. 103RD AVE.  
SUNRISE, FL 33351

**New Principal Place of Business:**

4692 N.W. 103RD AVE.  
SUNRISE, FL 33351

**Current Mailing Address:**

C/O BRIAN LYNN C.P.A., P.A.  
TWO SO. UNIVERSITY DRIVE, STE 215  
PLANTATION, FL 33324

**New Mailing Address:**

4692 N.W. 103RD AVE.  
SUNRISE, FL 33351

**FEI Number:** 65-0148286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LYNN, BRIAN CPA  
TWO SOUTH UNIVERSITY DRIVE  
STE 215  
PLANTATION, FL 33324 US

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

IGNASIAK, WALTER  
4692 NW 103 AVENUE  
SUNRISE, FL 33351 US

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: WALTER IGNASIAK

08/21/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: IGNASIAK, WALTER E.  
Address: 4961 NW 102 AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33076

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

Title: DPT (X) Change ( ) Addition  
Name: IGNASIAK, WALTER E.  
Address: 4692 NW 103 AVE  
City-St-Zip: SUNRISE, FL 33351

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: WALTER IGNASIAK

CEO

08/21/2009

Electronic Signature of Signing Officer or Director

Date