

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L24276

**FILED**  
**May 01, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

10242 NW 47 STREET, SUITE 28 & 29  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

10242 NW 47 STREET, SUITE 28 & 29  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 65-0148286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IGNASIAK, WALTER  
10242 N. W. 47TH STREET  
SUITE 28  
SUNRISE, FL 33351 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: DPT  
Name: IGNASIAK, WALTER E.  
Address: 10242 N. W. 47TH STREET SUITE 28  
City-St-Zip: SUNRISE, FL 33351

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: WALTER IGNASIAK

CEO

05/01/2012

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

\_\_\_\_\_  
Date