

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L97651

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** HOMECARE MEDICAL SERVICES OF POLK COUNTY, INC.

**Current Principal Place of Business:**

1641 E MEMORIAL BLVD  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

5280 WATERWOOD DR  
BARTOW, FL 33830

**New Mailing Address:**

**FEI Number:** 59-3031636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAHEY, BRUCE B  
5280 WATERWOOD DR  
BARTOW, FL 33830 US

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

LAHEY, BRUCE  
5280 WATERWOOD DR  
BARTOW, FL 33830 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: BRUCE LAHEY

01/14/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LAHEY, JOANNA,  
Address: 5280 WATERWOOD DR  
City-St-Zip: BARTOW, FL

Title: TSD ( ) Delete  
Name: LAHEY, BRUCE B,  
Address: 5280 WATERWOOD DR  
City-St-Zip: BARTOW, FL

Title: VD ( ) Delete  
Name: LEWIS, JOANNA JANICE  
Address: 707 CARPENTERS WAY  
City-St-Zip: LAKELAND, FL

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

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

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: BRUCE LAHEY

SEC

01/14/2009

Electronic Signature of Signing Officer or Director

Date