2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# L97651

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:

702 SAN RAPHAEL ST
POINCIANA, FL 34759

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
702 SAN RAPHAEL ST
POINCIANA, FL 34759 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: PD
Name: LAHEY, JOANNA
Address: 702 SAN RAPHAEL ST
City-St-Zip: POINCIANA, FL 34759

Title: TSD
Name: LAHEY, BRUCE B
Address: 702 SAN RAPHAEL ST
City-St-Zip: POINCIANA, FL 34759

Title: VD
Name: LEWIS, JOANNA JANICE
Address: 2106 RAINBOWER DRIVE
City-St-Zip: LAKELAND, FL 33810

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: BRUCE LAHEY TSD 01/06/2012

Electronic Signature of Signing Officer or Director Date