

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 16, 2012
Secretary of State

DOCUMENT# N08000002897

Entity Name: TAYLOR HOME HEALTH CARE, INC.**Current Principal Place of Business:**6599 CHESTER AVE
804
JACKSONVILLE, FL 32217 US**New Principal Place of Business:****Current Mailing Address:**6601 CHESTER AVE
JACKSONVILLE, FL 32217 US**New Mailing Address:****FEI Number:** 26-2352121**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SHERBURNE, MATTHEW T CPA
6601 CHESTER AVE
JACKSONVILLE, FL 32217 US**Name and Address of New Registered Agent:**LEE, ROBIN A
6601 CHESTER AVE
JACKSONVILLE, FL 32217 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: ROBIN A. LEE

05/16/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P
Name: BARBER, JOHN W JR
Address: 1514 BERNITA STREET
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: V
Name: MANN, GEORGE
Address: 3638 HIGHLAND GLEN WAY
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: S
Name: LEE, ROBIN A
Address: 2511 EBERSOL ROAD
City-St-Zip: JACKSONVILLE, FL 32216 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBIN A. LEE

S

05/16/2012

Electronic Signature of Signing Officer or Director_____
Date