

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001544

FILED
Aug 25, 2011
Secretary of State

Entity Name: PROFESSIONAL HOME CARE COMMUNITY SERVICES, INC.

Current Principal Place of Business:

5663 SW 80TH PLACE
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

5663 SW 80TH PLACE
OCALA, FL 34476

New Mailing Address:

FEI Number: 45-3072620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, LATONJA N
5663 SW 80TH PLACE
OCALA, FL 34476 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: ROBINSON, LATONJA N
Address: 5663 SW 80TH PLACE
City-St-Zip: Ocala, FL 34476

Title: VD
Name: JACKSON, SABRINA
Address: 12867 SW 58TH CIR.
City-St-Zip: Ocala, FL 34473

Title: SD
Name: RAINES, FARAH
Address: 1318 NE 33RD ST.
City-St-Zip: Ocala, FL 34479

Title: TD
Name: PRESTON, SHARON
Address: 8980 SE 88TH ST
City-St-Zip: Ocala, FL 34472

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: LATONJA ROBINSON

PD

08/25/2011

Electronic Signature of Signing Officer or Director

Date