

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003851

FILED  
Mar 17, 2012  
Secretary of State

**Entity Name:** CRESCENT HOME CARE CORPORATION

**Current Principal Place of Business:**

10006 KINGSHYRE WAY  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

10006 KINGSHYRE WAY  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 27-2536751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UDDIN, FIROZ  
10006 KINGSHYRE WAY  
TAMPA, FL 33647 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:** D  
**Name:** UDDIN, FIROZ  
**Address:** 10006 KINGSHYRE WAY  
**City-St-Zip:** TAMPA, FL 33647

**Title:** D  
**Name:** UDDIN, SHAHEEN F  
**Address:** 10006 KINGSHYRE WAY  
**City-St-Zip:** TAMPA, FL 33647

**Title:** D  
**Name:** UDDIN, TAHIR F  
**Address:** 27627 PLEASURE RIDE LOOP  
**City-St-Zip:** WESLEY CHAPEL, FL 33544

**Title:** D  
**Name:** UDDIN, SAMAH F  
**Address:** 10006 KINGSHYRE WAY  
**City-St-Zip:** TAMPA, FL 33647

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:** FIROZ UDDIN

P

03/17/2012

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

\_\_\_\_\_  
Date