

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30444

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** HOME CARE ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

1331 E LAFAYETTE ST  
STE C  
TALLAHASSEE, FL 323012621 US

**New Principal Place of Business:**

**Current Mailing Address:**

1331 E LAFAYETTE ST  
STE C  
TALLAHASSEE, FL 323012621 US

**New Mailing Address:**

**FEI Number:** 59-2922470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LOLLEY, BOBBY  
1331 E LAFAYETTE ST  
STE C  
TALLAHASSEE, FL 32301 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: P  
Name: CORBIN, TERESA  
Address: 9143 PHILLIPS HIGHWAY #170  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP  
Name: SANTANGELO, TERRI  
Address: 3201 WEST COMMERCIAL BLVD. #220  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: T  
Name: CLARIZIO, ANTHONY  
Address: 3515 NW 98TH ST  
City-St-Zip: GAINESVILLE, FL 32606

Title: S  
Name: BURKE, GLENDA  
Address: 2809 FAIRMONT DR  
City-St-Zip: PANAMA CITY, FL 32405

Title: D  
Name: RYAN, JOHN  
Address: 4575 VIA ROYALE, STE 214  
City-St-Zip: FT. MYERS, FL 33919

Title: D  
Name: FOX, JOSE  
Address: 8400 NW 33RD ST, STE 400  
City-St-Zip: MIAMI, FL 33122

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: MONICA M SMITH

DD

01/25/2011

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

\_\_\_\_\_  
Date