

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30444

FILED  
Jan 05, 2012  
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:**

1363 E LAFAYETTE ST  
STE A  
TALLAHASSEE, FL 323014755 US

**Current Mailing Address:**

1331 E LAFAYETTE ST  
STE C  
TALLAHASSEE, FL 323012621 US

**New Mailing Address:**

1363 E LAFAYETTE ST  
STE A  
TALLAHASSEE, FL 323014755 US

**FEI Number:** 59-2922470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

LOLLEY, BOBBY J  
1363 E LAFAYETTE ST  
STE A  
TALLAHASSEE, FL 323014755 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: BOBBY J LOLLEY

01/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: S  
Name: DENISE, BELLVILLE  
Address: 33920 US 19 N, STE 341  
City-St-Zip: PALM HARBOR, FL 34684 US

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

Title: D  
Name: BURKE, GLENDA  
Address: 6422 W HWY 98, UNIT 1206  
City-St-Zip: PANAMA CITY, FL 32407 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: TERRI SANTANGELO

P

01/05/2012

Electronic Signature of Signing Officer or Director

Date