

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000477

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** HOME CARE CONSULTANTS INC.

**Current Principal Place of Business:**

1113 N. E. 14TH AVE.  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

3340 NE 190 STREET  
1708  
AVENTURA, FL 33180

**Current Mailing Address:**

1113 N. E. 14TH AVE.  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

3340 NE 190 STREET  
1708  
AVENTURA, FL 33180

**FEI Number:** 59-3619010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLACK, PATRICK R  
1113 N.E. 14TH AVE.  
FORT LAUDERDALE, FL 33304 US

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

FLACK, PATRICK R  
3340 NE 190 STREET  
1708  
AVENTURA, FL 33180 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:

01/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FLACK, PATRICK R  
Address: 3340 NE 190 STREET #1708  
City-St-Zip: AVENTURA, FL 33180

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

SIGNATURE: PATRICK R FLACK

PRES

01/10/2011

Electronic Signature of Signing Officer or Director

Date