

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000000477

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

3340 NE 190 STREET  
1708  
AVENTURA, FL 33180

**New Principal Place of Business:**

16680 S POST ROAD  
104  
WESTON, FL 33331

**Current Mailing Address:**

3340 NE 190 STREET  
1708  
AVENTURA, FL 33180

**New Mailing Address:**

16680 S POST ROAD  
104  
WESTON, FL 33331

**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  
3340 NE 190 STREET  
1708  
AVENTURA, FL 33180 US

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

FLACK, PATRICK R  
16680 S POST ROAD  
104  
WESTON, FL 33331 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:** PATRICK R FLACK

04/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** FLACK, PATRICK R  
**Address:** 16680 S POST ROAD # 104  
**City-St-Zip:** WESTON, FL 33331

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

04/27/2012

Electronic Signature of Signing Officer or Director

Date