

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000039254

Entity Name: HOME VET CARE, INC.

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4613 N. UNIVERSITY DRIVE #563  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

4613 N. UNIVERSITY DRIVE #563  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

FEI Number: 65-1003895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KAUFMAN, MICHAEL H DVM  
5337 NW 84 TERRACE  
CORAL SPRINGS, FL 33067 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KAUFMAN, MICHAEL H DVM  
Address: 5337 NW 84 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33067

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: MICHAEL H. KAUFMAN

P

03/17/2010

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

\_\_\_\_\_  
Date