

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095116

FILED
Feb 23, 2012
Secretary of State

Entity Name: CLASSIC HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

2294 CR 526 E
SUMTERVILLE, FL 33585

New Principal Place of Business:

1504 SOUTH STREET
LEESBURG, FL 34748

Current Mailing Address:

2294 CR 526 E/P.O. BOX 400
SUMTERVILLE, FL 33585

New Mailing Address:

1504 SOUTH STREET
LEESBURG, FL 34748

FEI Number: 59-3742449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVLETIAN, DIRAN
2294 CR 526 E
SUMTERVILLE, FL 33585 US

Name and Address of New Registered Agent:

TALWAR, SUNIL K
1504 SOUTH STREET
LEESBURG, FL 34748 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: SUNIL K TALWAR

02/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: TALWAR, SUNIL K
Address: 1504 SOUTH STREET
City-St-Zip: LEESBURG, FL 34748 US

Title: VSD
Name: LEW, JUNE
Address: 1504 SOUTH STREET
City-St-Zip: LEESBURG, FL 34748 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JUNE LEW

VSD

02/23/2012

Electronic Signature of Signing Officer or Director

Date