2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: NEWWAYS HOME HEALTH CARE, INC.

Current Principal Place of Business:

2920 ANGELA COURT
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 311262
TAMPA, FL 33680

New Mailing Address:

FEI Number: 59-3756295 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, WALTER
3355 BEARSS AVE
TAMPA, FL 33618 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

OFFICERS AND DIRECTORS:

Title: D
Name: OYEBAMIJI, RAZAQ O
Address: 2920 ANGELA COURT
City-St-Zip: TAMPA, FL 33610

Title: D
Name: OYEBAMIJI, SHERIFA L
Address: 2920 ANGELA COURT
City-St-Zip: TAMPA, FL 33610

Title: D
Name: OYEBAMIJI, TOHIR A
Address: 2920 ANGELA COURT
City-St-Zip: TAMPA, FL 33610

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: RAZAQ OYEBAMIJI D 04/01/2011

Electronic Signature of Signing Officer or Director Date