

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000060820

FILED
Sep 06, 2011
Secretary of State

Entity Name: SOUTHWEST FLORIDA HOME CARE, INC.

Current Principal Place of Business:

4575 VIA ROYALE
214
FORT MYERS, FL 33919

New Principal Place of Business:

9101 WEST COLLEGE POINTE DR.
2
FORT MYERS, FL 33919

Current Mailing Address:

4575 VIA ROYALE
214
FORT MYERS, FL 33919

New Mailing Address:

9101 WEST COLLEGE POINTE DR.
2
FORT MYERS, FL 33919

FEI Number: 30-0083209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELTER, DEBRA
4575 VIA ROYALE STE 214
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

WELTER, DEBRA
9101 WEST COLLEGE POINTE DR
2
FORT MYERS, FL 33919 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: DEBRA WELTER

09/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: MASTERSON, KATHLEEN
Address: 9101 WEST COLLEGE POINTE DR STE 2
City-St-Zip: FORT MYERS, FL 33919

Title: TRES
Name: WELTER, DEBRA
Address: 9101 WEST COLLEGE POINTE DR STE 2
City-St-Zip: FORT MYERS, FL 33919

Title: SECT
Name: WELTER, DEBRA
Address: 9101 WEST COLLEGE POINTE DR STE 2
City-St-Zip: FORT MYERS, FL 33919

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: KATHLEEN MASTERSON

DIRE

09/06/2011

Electronic Signature of Signing Officer or Director

Date