

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000060820

**FILED**  
**Nov 09, 2011**  
**Secretary of State**

**Entity Name:** SOUTHWEST FLORIDA HOME CARE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 30-0083209

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENN, CHERYL-ANN  
9101 WEST COLLEGE POINTE DR  
2  
FORT MYERS, FL 33919 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: PRES  
Name: BENN, CHERYL-ANN A  
Address: 9101 WEST COLLEGE POINTE DR STE 2  
City-St-Zip: FORT MYERS, FL 33919

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

Title: SHAR  
Name: BEASLEY, BRIAN  
Address: 9101 WEST COLLEGE POINTE DR STE 2  
City-St-Zip: FORT MYERS, FL 33919

Title: SHAR  
Name: BEASLEY, BARBARA C  
Address: 9101 WEST COLLEGE POINTE DR 2  
City-St-Zip: FORT MYERS, FL 33919

Title: SECT  
Name: RYAN, JOHN  
Address: 9101 WEST COLLEGE POINTE DR STE2  
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: CHERY-ANN BENN

PRES

11/09/2011

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

\_\_\_\_\_  
Date