

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000101275

Entity Name: PRN HOME CARE, INC.

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

## **Current Principal Place of Business:**

2226 SARNO ROAD  
STE 111  
MELBOURNE, FL 32935

## **New Principal Place of Business:**

2226 SARNO ROAD  
STE 111  
MELBOURNE, FL 32935 UN

## **Current Mailing Address:**

2226 SARNO ROAD  
STE 111  
MELBOURNE, FL 32935

## **New Mailing Address:**

FEI Number: 65-1204532      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MORRISON, DOUGLAS  
2226 SARNO ROAD, STE 111  
MELBOURNE, FL 32935 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: PD  
Name: MORRISON, DOUGLAS  
Address: 2226 SARNO ROAD, STE 111  
City-St-Zip: MELBOURNE, FL 32935

Title: VD  
Name: MORRISON, MARGO  
Address: 2226 SARNO ROAD, STE 111  
City-St-Zip: MELBOURNE, FL 32935

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: MARC MORRISON

COO

06/09/2011

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

\_\_\_\_\_  
Date