

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000019753

FILED
Feb 24, 2011
Secretary of State

Entity Name: HOME DOCTORS OF CITRUS COUNTY, INC.

Current Principal Place of Business:

6610 S. DUVAL ISLAND DRIVE
FLORAL CITY, FL 34436

New Principal Place of Business:

Current Mailing Address:

6610 S. DUVAL ISLAND DRIVE
FLORAL CITY, FL 34436

New Mailing Address:

FEI Number: 56-2611739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIDEOUT, LUCILLE A
6610 S. DUVAL ISLAND DRIVE
FLORAL CITY, FL 34436 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: P
Name: RIDEOUT, STUART L
Address: 6610 S. DUVAL ISLAND DRIVE
City-St-Zip: FLORAL CITY, FL 34436

Title: VP
Name: RIDEOUT, LUCILLE A
Address: 6610 S. DUVAL ISLAND DRIVE
City-St-Zip: FLORAL CITY, FL 34436

Title: S
Name: RIDEOUT, LUCILLE A
Address: 6610 S. DUVAL ISLAND DRIVE
City-St-Zip: FLORAL CITY, FL 34436

Title: T
Name: RIDEOUT, LUCILLE A
Address: 6610 S. DUVAL ISLAND DRIVE
City-St-Zip: FLORAL CITY, FL 34436

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: STUART L. RIDEOUT

P

02/24/2011

Electronic Signature of Signing Officer or Director

Date