2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# P04000098798

Entity Name: FLORIDA WEST HOME CARE, INC.

Current Principal Place of Business:

2565 NE INDIAN RIVER DRIVE
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

6973 HANCOCK DRIVE
PORT ST LUCIE, FL 34952 US

Current Mailing Address:

2565 NE INDIAN RIVER DRIVE
JENSEN BEACH, FL 34957 US

New Mailing Address:

6973 HANCOCK DRIVE
PORT ST LUCIE, FL 34952 US

FEI Number: 14-1911069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLOTRIA, RICO T
394 SW NORTH SHORE BLVD.
PORT ST. LUCIE, FL 34986 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: PLOTRIA, MARY ANN D
Address: 394 SW NORTH SHORE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: D
Name: PLOTRIA, RICO T
Address: 394 SW NORTH SHORE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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: RICO T. PLOTRIA D 04/20/2011

Electronic Signature of Signing Officer or Director Date