

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000103557

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** MACADAMS HOME HEALTH AGENCY INC.

**Current Principal Place of Business:**

350 CAMINO GARDENS BLVD SUITE 104  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

350 CAMINO GARDENS BLVD SUITE 104  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 04-3794486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHITOFF, SCOTT P ESQ.  
C/O 200 E. LAS OLAS BLVD.  
19TH FLOOR  
FORT LAUDERDALE, FL 33301 US

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

WHARTON, ERNEST P  
350 CAMINO GARDENS BLVD  
SUITE 104  
BOCA RATON, FL 33432 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: ERNEST B. WHARTON

04/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: WHARTON, ERNEST  
Address: 350 CAMINO GARDENS BLVD SUITE 104  
City-St-Zip: BOCA RATON, FL 33432

Title: DVPS  
Name: ESTEVEZ, MARIA  
Address: 350 CAMINO GARDENS BLVD SUITE 104  
City-St-Zip: BOCA RATON, FL 33432

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: ERNEST B. WHARTON

DP

04/28/2012

Electronic Signature of Signing Officer or Director

Date