

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000041549

FILED  
Apr 29, 2012  
Secretary of State

Entity Name: WELCOME HOMECARE SLEEP DISORDER CLINICS, INC.

**Current Principal Place of Business:**

9570 REGENCY SQUARE BOULEVARD  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

9570 REGENCY SQUARE BOULEVARD  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

FEI Number: 20-2652235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARKER, PAUL D  
9570 REGENCY SQUARE BOULEVARD  
JACKSONVILLE, FL 32225 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: PTD  
Name: CENAC, DWIGHT S  
Address: 9570 REGENCY SQUARE BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VSD  
Name: CENAC, CONNIE C  
Address: 9570 REGENCY SQUARE BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D  
Name: BARKER, DEBORAH L  
Address: 9570 REGENCY SQUARE BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D  
Name: GUERRA, CHARLES  
Address: 9570 REGENCY SQUARE BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32225 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: DWIGHT S CENAC

PTD

04/29/2012

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

\_\_\_\_\_  
Date