

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058082

FILED
May 03, 2010
Secretary of State

Entity Name: HOMESTEAD THERAPEUTIC CARE INC.

Current Principal Place of Business:

701 SW 27 AVE, STE 601
MIAMI, FL 33135 US

New Principal Place of Business:

701 SW 27 AVE
SUITE 601
MIAMI, FL 33135 US

Current Mailing Address:

701 SW 27 AVE, STE 601
MIAMI, FL 33135 US

New Mailing Address:

701 SW 27 AVE
SUITE 601
MIAMI, FL 33135 US

FEI Number: 42-1666619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE ARMAS, CYNTHIA
449 NORTH KROME AVE
HOMESTEAD, FL 33030 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD/S
Name: DE ARMAS, CYNTHIA
Address: 449 NORTH KROME AVE
City-St-Zip: HOMESTEAD, FL 33030 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: CYNTHIA DE ARMAS

PD/S

05/03/2010

Electronic Signature of Signing Officer or Director

Date