

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000129929

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Entity Name:** MACKIE'S HOME HEALTH CARE INC.

**Current Principal Place of Business:**

16330 81ST STREET  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

16330 81ST LANE NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

16330 81ST STREET  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

16330 81ST LANE NORTH  
LOXAHATCHEE, FL 33470

FEI Number: 13-4308821

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROSS, ELZA E  
16330 81ST STREET  
LOXAHATCHEE, FL FL US

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

ROSS, ELZA E  
16330 81ST LANE NORTH  
LOXAHATCHEE, FL FL 33470 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/25/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: M  
Name: ROSS, ELZA E  
Address: 16330 81ST LANE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

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: ELZA ROSS

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

M

03/25/2011

\_\_\_\_\_  
Date