

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000061244

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** ACCLAIM HOME CARE SERVICES, INC.

**Current Principal Place of Business:**

6412 UNIVERSITY DRIVE  
SUITE 130  
TAMARAC, FL 33321

**New Principal Place of Business:**

3500 N STATE ROAD 7  
SUITE 202  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

6412 UNIVERSITY DRIVE  
SUITE 130  
TAMARAC, FL 33321

**New Mailing Address:**

3500 N STATE ROAD 7  
SUITE 202  
LAUDERDALE LAKES, FL 33319

**FEI Number:** 77-0689881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DYER, ROSEMARIE A  
6412 N. UNIVERSITY DRIVE  
SUITE 130  
TAMARAC, FL 33321 US

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

DYER, ROSEMARIE A  
3500 N STATE ROAD 7  
SUITE 202  
LAUDERDALE LAKES, FL 33319 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: ROSEMARIE DYER

04/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DYER, ROSEMARIE A  
Address: 3500 N STATE ROAD 7, SUITE 202  
City-St-Zip: LAUDERDALE LAKES, FL 33319

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: ROSEMARIE DYER

PRES

04/26/2012

Electronic Signature of Signing Officer or Director

Date