

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000070624

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** ISLAND HOME CARE CONSULTING, INC.

**Current Principal Place of Business:**

1385 RIVER RIDGE DRIVE  
VERO BEACH, FL 32963 US

**New Principal Place of Business:**

**Current Mailing Address:**

1385 RIVER RIDGE DRIVE  
VERO BEACH, FL 32963 US

**New Mailing Address:**

**FEI Number:** 26-0206165

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NUTTALL, SCOTT A  
3111 CARDINAL DRIVE  
VERO BEACH, FL 32963 US

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

HMIELEWSKI, SHARON L  
1385 RIVER RIDGE DRIVE  
VERO BEACH, FL 32963 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:** SHARON L HMIELEWSKI

03/31/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPT  
**Name:** HMIELEWSKI, SHARON L DPT  
**Address:** 1385 RIVER RIDGE DRIVE  
**City-St-Zip:** VERO BEACH, FL 32963 US

**Title:** DVPS  
**Name:** HMIELEWSKI, CHARLES P DVPS  
**Address:** 1385 RIVER RIDGE DRIVE  
**City-St-Zip:** VERO BEACH, FL 32963

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:** SHARON L HMIELEWSKI

DPT

03/31/2010

Electronic Signature of Signing Officer or Director

Date