

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000071682

FILED
Apr 27, 2011
Secretary of State

Entity Name: BRIDGEPORT HOME HEALTH CARE, INC.

Current Principal Place of Business:

10661 AIRPORT PULLING RD STE 9
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

10661 AIRPORT PULLING RD STE 9
NAPLES, FL 34109

New Mailing Address:

FEI Number: 26-0404685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DILLER-SHIVELY, NANCY
8663 BLUE FLAG WAY
NAPLES, FL 34109 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: CEO
Name: DILLER-SHIVELY, NANCY
Address: 10661 AIRPORT PULLING RD STE 9
City-St-Zip: NAPLES, FL 34109

Title: VSD
Name: BAILEY, MICHAEL
Address: 10661 AIRPORT PULLING RD STE 9
City-St-Zip: NAPLES, FL 34109

Title: VD
Name: CROTHERS, MICHAEL
Address: 10661 AIRPORT PULLING RD STE 9
City-St-Zip: NAPLES, FL 34109

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: NANCY DILLER-SHIVELY

CEO

04/27/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date