

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000071682

**FILED**  
**Apr 10, 2012**  
**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:**

DILLER-SHIVELY, NANCY  
10661 AIRPORT PULLING RD, SUITE 9  
NAPLES, FL 34109 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

04/10/2012

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: DILLER-SHIVELY, NANCY  
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 J. DILLER-SHIVELY

CEO

04/10/2012

Electronic Signature of Signing Officer or Director

Date