


# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000075753		
1. Entity Name HENE'S HEALTH CARE AGENCY, INC.		

Principal Place of Business 4440 SW ARCHER RD. #2105 GAINESVILLE, FL 32608	Mailing Address 7257 NW 4TH BLVD #331 GAINESVILLE, FL 32607
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2. Principal Place of Business - No P.O. Box # 2233 NW 41st Street Suite, Apt. #, etc. 700H	3. Mailing Address Suite, Apt. #, etc.
City & State Gainesville, FL	City & State
Zip 32607	Country USA



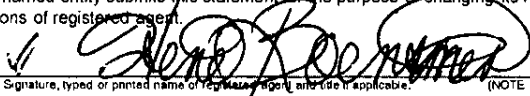
05032012 Chg-P CR2E034 (12/11)

4. FEI Number 75-3246625	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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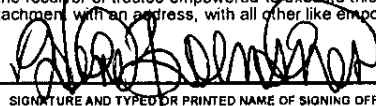
6. Name and Address of Current Registered Agent BOENSNES, HENE 4440 SW ARCHER RD. #2105 GAINESVILLE, FL 32608	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 5/7/12 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BOENSNES, HENE 4440 SW ARCHER RD. #2105 GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BOENSNES, EDWARD R 4440 SW ARCHER RD. #2105 GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BOENSNES, CORAZON 4440 SW ARCHER RD. #2105 GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BOENSNES, EDWARD R 4440 SW ARCHER RD. #2105 GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	     JUN 4 2012 S. TONER <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered	
SIGNATURE: 	DATE: 5/7/12
E-MAIL ADDRESS: Carinhene@yahoo.com	

FILED  
2012 JUN -4 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA