

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099691

FILED
Feb 13, 2012
Secretary of State

Entity Name: COMPASSION HOME CARE SERVICES, CORP.

Current Principal Place of Business:

7200 LAKE ELLENOR DRIVE
118
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

7200 LAKE ELLENOR DRIVE
118
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 26-1073959 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOSEPH, GUERLINE CEO
2101 SHANNON LAKES BLVD
KISSIMMEE, FL 34743 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: JOSEPH, GUERLINE
Address: 2101 SHANNON LAKES BLVD
City-St-Zip: KISSIMMEE, FL 34743

Title: P
Name: JOSEPH, GUERLINE
Address: 2101 SHANNON LAKES BLVD
City-St-Zip: KISSIMMEE, FL 34743

Title: VP
Name: JOSEPH, ERICK
Address: 2101 SHANNON LAKES BLVD
City-St-Zip: KISSIMMEE, FL 34743

Title: CFO
Name: JOSEPH, ERICK
Address: 2101 SHANNON LAKES BLVD
City-St-Zip: KISSIMMEE, FL 34743

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: GUERLINE JOSEPH

CEO

02/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date