

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100117

FILED
Apr 12, 2011
Secretary of State

Entity Name: HEAVENSENT HOME HEALTHCARE INC.

Current Principal Place of Business:

10191 W. SAMPLE ROAD
SUITE 217
CORAL SPRINGS, FL 33065

New Principal Place of Business:

7273 W. ATLANTIC AVE.
DELRAY BEACH, FL 33446

Current Mailing Address:

10191 W. SAMPLE ROAD
SUITE 217
CORAL SPRINGS, FL 33065

New Mailing Address:

7273 W. ATLANTIC AVE.
DELRAY BEACH, FL 33446

FEI Number: 26-0859918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, PAMELA D LPN
7448 PARKSIDE LANE
MARGATE, FL 33063 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: P
Name: SMITH, PAMELA D LPN
Address: 7448 PARKSIDE LANE
City-St-Zip: MARGATE, FL 33063

Title: VP
Name: SMITH, REGINALD L JR.
Address: 7448 PARKSIDE LANE
City-St-Zip: MARGATE, FL 33065

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: REGINALD L. SMITH JR.

VP

04/12/2011

Electronic Signature of Signing Officer or Director

Date