

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000130704

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** A FAMILY MEMBER HOMECARE GROUP INC.

**Current Principal Place of Business:**

8177 W. GLADES RD., STE 221  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

8177 W. GLADES RD., STE 221  
BOCA RATON, FL 33434

**New Mailing Address:**

**FEI Number:** 22-3973348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAUTHIER, BRIAN  
2525 NORTH STATE ROAD 7 STE 110  
HOLLYWOOD, FL 33021 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: DPS  
Name: GAUTHIER, BRIAN  
Address: 8177 W. GLADES RD., STE 221  
City-St-Zip: BOCA RATON, FL 33434

Title: VP  
Name: VELASQUEZ, VERONICA  
Address: 8177 W. GLADES RD., STE 221  
City-St-Zip: BOCA RATON, FL 33434

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: VERONICA VELASQUEZ

VP

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date