

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000004427

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** PROFESSIONAL NURSES HOMECARE INC.

**Current Principal Place of Business:**

701 PROMENADE DRIVE  
201  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

17935 SW 35 DRIVE  
MIRAMAR, FL 33029

**New Mailing Address:**

17935 SW 35 DRIVE  
STE 201  
MIRAMAR, FL 33029

**FEI Number:** 26-1601657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUNAC, GUYLAINE  
17935 SW 35 DRIVE  
MIRAMAR, FL 33029 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: D  
Name: DUNAC, GUYLAINE MRS  
Address: 17935 SW 35 DRIVE  
City-St-Zip: MIRAMAR, FL 33029

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: GUYLAINE DUNAC

MRS

04/19/2012

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

\_\_\_\_\_  
Date