2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2011
Secretary of State

DOCUMENT# P08000065773

Entity Name: HEALTH CARE AT HOME INC.

Current Principal Place of Business:

521 NE 25TH AVE. ST 108
OCALA, FL 34470

New Principal Place of Business:

521 NE 25TH AVE.
SUITE 108
OCALA, FL 34470

Current Mailing Address:

521 NE 25TH AVE. ST. 108
OCALA, FL 34470

New Mailing Address:

521 NE 25TH AVE.
SUITE 108
OCALA, FL 34470

FEI Number: 26-3002941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GORE, CALVIN R JR
123 KAREN CT
PALATKA, FL 32177 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: GORE, CALVIN R JR
Address: 123 KAREN CT.
City-St-Zip: PALATKA, FL 32177

Title: VP
Name: TURNER, TERRY L
Address: 455 EAST END RD.
City-St-Zip: SAN MATEO, FL 32187

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: CALVIN R GORE JR P 01/07/2011
Electronic Signature of Signing Officer or Director Date