

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000078115

Entity Name: VAN'S TOTAL HOME CARE, INC.

FILED  
Feb 18, 2010  
Secretary of State

**Current Principal Place of Business:**

2952 SW BUENA VISTA DR.  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

8949 SW CHEVY CIRCLE  
STUART, FL 34997 US

**Current Mailing Address:**

2952 SW BUENA VISTA DR.  
PALM CITY, FL 34990 US

**New Mailing Address:**

8949 SW CHEVY CIRCLE  
STUART, FL 34997 US

FEI Number: 26-3223279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VAN WOERKOM, SCOTT  
2952 SW BUENA VISTA DR.  
PALM CITY, FL 34990 US

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

VAN WOERKOM, SCOTT  
8949 SW CHEVY CIRCLE  
STUART, FL 34997 US

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

02/18/2010

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VAN WOERKOM, SCOTT  
Address: 8949 SW CHEVY CIRCLE  
City-St-Zip: STUART, FL 34997 US

Title: VP  
Name: VAN WOERKOM, PAMELA  
Address: 8949 SW CHEVY CIRCLE  
City-St-Zip: STUART, FL 34997

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: SCOTT VAN WOERKOM

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

PRES

02/18/2010

\_\_\_\_\_  
Date