

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000078115

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

8949 SW CHEVY CIRCLE  
STUART, FL 34997 US

**New Principal Place of Business:**

9026 SW CAPRICE CIRCLE  
STUART, FL 34997 US

**Current Mailing Address:**

8949 SW CHEVY CIRCLE  
STUART, FL 34997 US

**New Mailing Address:**

9026 SW CAPRICE 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  
8949 SW CHEVY CIRCLE  
STUART, FL 34997 US

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

VAN WOERKOM, SCOTT  
9026 SW CAPRICE 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: SCOTT VAN WOERKOM

04/29/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VAN WOERKOM, SCOTT  
Address: 9026 SW CAPRICE CIRCLE  
City-St-Zip: STUART, FL 34997 US

Title: VP  
Name: VAN WOERKOM, PAMELA  
Address: 9026 SW CAPRICE 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

PRS

04/29/2011

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

\_\_\_\_\_  
Date