

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096551

FILED
Feb 17, 2010
Secretary of State

Entity Name: EMERALD HOME HEALTH CARE, INC.

Current Principal Place of Business:

103 WOODLAND ROAD
PALM SPRINGS, FL 33461

New Principal Place of Business:

3923 LAKE WORTH ROAD
112
LAKE WORTH, FL 33461

Current Mailing Address:

103 WOODLAND ROAD
PALM SPRINGS, FL 33461

New Mailing Address:

3923 LAKE WORTH ROAD
112
LAKE WORTH, FL 33461

FEI Number: 26-3613018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRING, WENDY
103 WOODLAND ROAD
PALM SPRINGS, FL 33461 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD
Name: STEPHENS, AVIS
Address: 7320 PALMDALE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33463

Title: PD
Name: HROBAR, JOSHUA
Address: 10366 FOXTRAIL ROAD SOUTH, APT. 1702
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VPD
Name: SPRING, WENDY
Address: 103 WOODLAND ROAD
City-St-Zip: PALM SPRINGS, FL 33461

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: WENDY SPRING

VP D

02/17/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date