2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

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Entity Name: ESTHER'S HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

4456 HALLANDALE BEACH BLVD
PEMBROKER PARK, FL 33023 US

New Principal Place of Business:

4456 HALLANDALE BEACH BLVD
PEMBROKE PARK, FL 33023 US

Current Mailing Address:

4456 HALLANDALE BEACH BLVD
PEMBROKER PARK, FL 33023 US

New Mailing Address:

FEI Number: 26-4272887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, PORTIA
4025 S.W. 25TH STREET
WEST PARK, FL 33023 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: PD
Name: THORNTON, KENDRAN
Address: 20041 N.W. 63RD AVE
City-St-Zip: HIALEAH, FL 330152170 US

Title: VD
Name: JONES, PORTIA
Address: 4025 S.W. 25TH STREET
City-St-Zip: WEST PARK, FL 33023 US

Title: S
Name: DAVIS, MARK
Address: 2006 BIG BEAR
City-St-Zip: ARLINGTON, TX 76016 US

Title: T
Name: RAMSEY, DONALD
Address: 4025 S.W. 25TH STREET
City-St-Zip: WEST HOLLYWOOD, FL 33023 US

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: PORTIA JONES VP 04/23/2012

Electronic Signature of Signing Officer or Director Date