

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000048233

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** BALANCED HOME HEALTHCARE, INC.

**Current Principal Place of Business:**

14527 N. FLORIDA AVENUE  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

4801 GEORGE ROAD  
140  
TAMPA, FL 33634

**New Mailing Address:**

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

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

EYER, JAMES W JR  
7005 PELICAN ISLAND DRIVE  
TAMPA, FL 33634    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: P  
Name: EYER, JAMES W JR.  
Address: 7005 PELICAN ISLAND DRIVE  
City-St-Zip: TAMPA, FL 33634

Title: VP  
Name: BENNETT, ROBERT S  
Address: 14527 N. FLORIDA AVENUE  
City-St-Zip: TAMPA, FL 33613

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: ROBERT BENNETT

VP

04/01/2010

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

\_\_\_\_\_  
Date