

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000053396

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** PREMIER CARE AT HOME, INC.

**Current Principal Place of Business:**

11 HUNTERS RUN CIRCLE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

533 N NOVA RD, SUITE 213A  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

11 HUNTERS RUN CIRCLE  
ORMOND BEACH, FL 32174

**New Mailing Address:**

533 N NOVA RD, SUITE 213A  
ORMOND BEACH, FL 32174

**FEI Number:** 27-0461439

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOWES, GREGORY A  
11 HUNTERS RUN CIRCLE  
ORMOND BEACH, FL 32174 US

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

BOWES, GREGORY A  
533 N NOVA RD., SUITE 213A  
ORMOND BEACH, FL 32174 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:** GREGORY A BOWES

04/06/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PT  
**Name:** BOWES, GREGORY A  
**Address:** 11 HUNTERS RUN CIRCLE  
**City-St-Zip:** ORMOND BEACH, FL 32174

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:** GREGORY A BOWES

PT

04/06/2010

Electronic Signature of Signing Officer or Director

Date