

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000083170

Entity Name: AC HOMECARE INC

FILED  
Apr 29, 2011  
Secretary of State

**Current Principal Place of Business:**

120 18TH STREET NE  
NAPLES, FL 34120

**New Principal Place of Business:**

1875 52ND ST. SW  
NAPLES, FL 34116

**Current Mailing Address:**

120 18TH STREET NE  
NAPLES, FL 34120

**New Mailing Address:**

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

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

CHIN, ALTHEA V  
3203 25TH STREET SW  
LEHIGH ACRES, FL 33976    US

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

CHIN, ALTHEA V  
706 FOX TRIAL CRT  
LEHIGH ACRES, FL 33974    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: ALTHEA CHIN

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

04/29/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:                      P  
Name:                      NICELY, AMANDA  
Address:                      1875 52ND ST. SW  
City-St-Zip:                      NAPLES, FL 34116 US

Title:                      VP  
Name:                      CHIN, ALTHEA  
Address:                      706 FOX TRAIL CRT  
City-St-Zip:                      LEHIGH ACRES, FL 33974 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: ALTHEA CHIN

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

VP

04/29/2011

\_\_\_\_\_  
Date