

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000084343

**FILED**  
**Jul 21, 2010**  
**Secretary of State**

**Entity Name:** COLSYD HOME HEALTH CARE INC.

**Current Principal Place of Business:**

18521 S.W. 44TH STREET  
MIRAMAR, FL 33029

**New Principal Place of Business:**

18591 SW 52 STREET  
MIRAMAR, FL 33029

**Current Mailing Address:**

18521 S.W. 44TH STREET  
MIRAMAR, FL 33029

**New Mailing Address:**

18591 SW 52 STREET  
MIRAMAR, FL 33029

**FEI Number:** 30-0582680

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FOUST, BARBARA  
3401 N.W. 202ND STREET  
MIAMI GARDENS, FL 330661722 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: P  
Name: COBB, COLLEEN P  
Address: 18591 SW 52 STREET  
City-St-Zip: MIRAMAR, FL 33029

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: COLLEEN P COBB

P

07/21/2010

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

\_\_\_\_\_  
Date