

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000089223

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** FIRST QUALITY HOME HEALTH SERVICES INC

**Current Principal Place of Business:**

1300 NW 17TH AVENUE, SUITE 278  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7300  
DELRAY BEACH, FL 334827300

**New Mailing Address:**

**FEI Number:** 90-0524561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOMLINSON, ERROL  
1300 NW 17TH AVENUE, SUITE 278  
DELRAY BEACH, FL 33445 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: DCEO  
Name: TOMLINSON, ERROL  
Address: 4285 CASCADE ROAD  
City-St-Zip: ATLANTA, GA 30331

Title: PST  
Name: TOMLINSON, ERROL  
Address: 4285 CASCADE ROAD  
City-St-Zip: ATLANTA, GA 30331

Title: CFO  
Name: TOMLINSON, ERROL  
Address: 4285 CASCADE ROAD  
City-St-Zip: ATLANTA, GA 30331

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: ERROL A. TOMLINSON

PRES

04/16/2012

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

\_\_\_\_\_  
Date