

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000089732

FILED
Sep 07, 2011
Secretary of State

Entity Name: ASSURANCE HOME HEALTH CARE, INC

Current Principal Place of Business:

6936 W. LINEBAUGH AVE.
SUITE 102
TAMPA, FL 33625

New Principal Place of Business:

401 N PARSON AVE
SUITE 106 A
BRANDON, FL 33510

Current Mailing Address:

6936 W. LINEBAUGH AVE.
SUITE 102
TAMPA, FL 33625

New Mailing Address:

401 N PARSON AVE
SUITE 106 A
BRANDON, FL 33510

FEI Number: 27-1213493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZOLA, YENISEY
6936 W. LINEBAUGH AVE.
SUITE 102
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

MARTSON, VIRGINIA
401 N PARSON AVE
SUITE 106 A
BRANDON, FL 33510 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: VIRGINIA MARSTON

09/07/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MAZOLA, YENISEY
Address: 401 N PARSON AVE SUITE 106 A
City-St-Zip: BRANDON, FL 33510

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: YENISEY MAZOLA

P

09/07/2011

Electronic Signature of Signing Officer or Director

Date