

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000096283

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** INNERSELF HOME CARE SERVICES, INC

**Current Principal Place of Business:**

2042 WILLOW BRANCH DRIVE  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

1926 NE 15TH ST  
CAPE CORAL, FL 33090

**Current Mailing Address:**

2042 WILLOW BRANCH DRIVE  
CAPE CORAL, FL 33991

**New Mailing Address:**

1926 NE 15TH ST  
CAPE CORAL, FL 33090

**FEI Number:** 26-2350678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KALUGDAN, MARIA F  
2042 WILLOW BRANCH DRIVE  
CAPE CORAL, FL 33991 US

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

KALUGDAN, MARIA F  
1926 NE 15TH ST  
CAPE CORAL, FL 33909 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: MARIA KALUGDAN

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KALUGDAN, MARIA F  
Address: 1926 NE 15TH ST  
City-St-Zip: CAPE CORAL, FL 33909 US

Title: VP  
Name: KALUGDAN, ARMANDO D  
Address: 1926 NE 15TH ST  
City-St-Zip: CAPE CORAL, FL 33909 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: MARIA KALUGDAN

P

04/30/2011

Electronic Signature of Signing Officer or Director

Date