

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000071655

FILED
Feb 21, 2011
Secretary of State

Entity Name: HOMECARE NETWORK OF FLORIDA, INC.

Current Principal Place of Business:

455 NW 35TH ST.
SUITE 103
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

455 NW 35TH ST.
SUITE 103
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 27-3403045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHAN, IMRAN
455 NW 35TH ST.
SUITE 103
BOCA RATON, FL 33431 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: CEO
Name: KHAN, IMRAN
Address: 455 NW 35TH ST. SUITE 103
City-St-Zip: BOCA RATON, FL 33431

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: IMRAN KHAN

CEO

02/21/2011

Electronic Signature of Signing Officer or Director

Date