

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000074671

FILED
Mar 31, 2011
Secretary of State

Entity Name: PROFESSIONAL HOME CARE PROVIDERS, INC.

Current Principal Place of Business:

201 LEE MILLER ROAD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

201 LEE MILLER ROAD
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 27-2377247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JOHNNIE L JR
201 LEE MILLER ROAD
CRAWFORDVILLE, FL 32327 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: JONES, JOHNNIE L JR
Address: 201 LEE MILLER ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP
Name: JONES, ROCQUALE P
Address: 201 LEE MILLER ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

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: ROCQUALE P. JONES

VP

03/31/2011

Electronic Signature of Signing Officer or Director

Date