2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2012
Secretary of State

DOCUMENT# P10000096260

Entity Name: PINNACLE HOME CARE OF NORTH FLORIDA, INC.

Current Principal Place of Business:

7031 NW 140 ST,
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

18701 GOLDEN HAWK CT
HUDSON, FL 34667

New Mailing Address:

FEI Number: 27-4066052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WORTHINGTON, PAUL
18701 GOLDEN HAWK CT
HUDSON, FL 34667 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: PD
Name: WORTHINGTON, PAUL
Address: 18701 GOLDEN HAWK CT
City-St-Zip: HUDSON, FL 34667

Title: VP
Name: WORTHINGTON, VIVIENNE F
Address: 18701 GOLDEN HAWK CT
City-St-Zip: HUDSON, FL 34667

Title: VP
Name: HAMMETT-SOUTHARD, FAITHE
Address: 10090 SUNBURST CT
City-St-Zip: SPRING HILL, FL 34608

Title: VP
Name: WORTHINGTON, JON
Address: 8223 AQUILA ST
City-St-Zip: PORT RICHEY, FL 34652

Title: VP
Name: WORTHINGTON, JAMES
Address: 9236 HILLTOP DR
City-St-Zip: NEW PORT RICHEY, FL 34654

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: PAUL WORTHINGTON PD 03/28/2012

Electronic Signature of Signing Officer or Director — Date