

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000017378

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** G.LOUIS FAMILY HOME CARE, INC.

**Current Principal Place of Business:**

4091 NW 46TH WAY  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4091 NW 46TH WAY  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

**FEI Number:** 27-5303840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LOUIS, GUYLINE  
4091 NW 46TH WAY  
LAUDERDALE LAKES, FL 33319 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: LOUIS, GUYLINE  
Address: 4091 NW 46TH WAY  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: SEC  
Name: LOUIS, GUYLINE  
Address: 4091 NW 46TH WAY  
City-St-Zip: LAUDERDALE LAKES, FL 33065

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: GUYLENE LOUIS

P

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date