

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000037640

Entity Name: COMBS ANGEL CARE, INC.

FILED
Feb 16, 2012
Secretary of State

Current Principal Place of Business:

2830 NW 41ST STREET
SUITE K
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

3954 NW 42ND CT
GAINESVILLE, FL 32606

New Mailing Address:

P O BOX 358387
GAINESVILLE, FL 32635

FEI Number: 45-1702466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMBS, WILLIAM S
3954 NW 42ND CT
GAINESVILLE, FL 32606 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: COMBS, WILLIAM S
Address: 3954 NW 42ND CT
City-St-Zip: GAINESVILLE, FL 32606

Title: S
Name: COMBS, ROSA LYNN
Address: 3954 NW 42ND CT
City-St-Zip: GAINESVILLE, FL 32606

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: WILLIAM S COMBS

PRES

02/16/2012

Electronic Signature of Signing Officer or Director

Date