

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000045884

FILED
Jan 29, 2012
Secretary of State

Entity Name: HOME HEALTH AUTHORITY, INC.

Current Principal Place of Business:

8513 GLENBURY COURT NORTH
JACKSONVILLE, FL 32256

New Principal Place of Business:

2099 PARK STREET
2ND FLOOR, STE 2
JACKSONVILLE, FL 32204

Current Mailing Address:

8513 GLENBURY COURT NORTH
JACKSONVILLE, FL 32256

New Mailing Address:

2099 PARK STREET
2ND FLOOR, STE 2
JACKSONVILLE, FL 32204

FEI Number: 45-2438837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRUDENCIO, BERNARD R
8513 GLENBURY COURT NORTH
JACKSONVILLE, FL 32256 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: PRUDENCIO, BERNARD R
Address: 8513 GLENBURY COURT NORTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP
Name: PRUDENCIO, MALINDA F
Address: 8513 GLENBURY COURT NORTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: CFO
Name: FANE, GARY R
Address: 12955 CURT DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

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: GARY R. FANE

CFO

01/29/2012

Electronic Signature of Signing Officer or Director

Date