

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000052009

FILED  
Feb 27, 2012  
Secretary of State

**Entity Name:** TRUSTED HOME CARE SERVICES, INC.

**Current Principal Place of Business:**

301 YAMATO ROAD #4130  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

301 YAMATO ROAD #4130  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 45-2578212      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

PLONSKY, BRYAN  
1200 S. ROGERS CIRCLE #4  
BOCA RATON, FL 33487 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: DP  
Name: WOLFE, STEPHEN  
Address: 1200 S. ROGERS CIRCLE #4  
City-St-Zip: BOCA RATON, FL 33486

Title: DVP  
Name: PLONSKY, BRYAN  
Address: 1200 S. ROGERS CIRCLE #4  
City-St-Zip: BOCA RATON, FL 33486

Title: DS  
Name: AERY, WAYNE  
Address: 1200 S. ROGERS CIRCLE #4  
City-St-Zip: BOCA RATON, FL 33486

Title: D  
Name: MINTO, IONA  
Address: 3818 JUPITER BLVD SE  
City-St-Zip: PALM BAY, FL 32909

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: BRYAN PLONSKY

DVP

02/27/2012

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

\_\_\_\_\_ Date