

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000058962

FILED
Mar 31, 2012
Secretary of State

Entity Name: HOPE HOME HEALTHCARE, INC.

Current Principal Place of Business:

4343 COLONIAL AVE
OFFICE 1 STE E
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7752
JACKSONVILLE, FL 32238

New Mailing Address:

FEI Number: 32-0348804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONARD, TONY L
5954 ORTEGA RIVER CIRCLE
JACKSONVILLE, FL 32244 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: WILLIAMS, PATRICIA
Address: 21540 CONSTITUTION ST
City-St-Zip: SOUTHFIELD, MI 48076

Title: VP
Name: CONARD, FATIMA
Address: 5954 ORTEGA RIVER CIRCLE
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: TRES
Name: CONARD, TONY L
Address: 5954 ORTEGA RIVER CIRCLE
City-St-Zip: JACKSONVILLE, FL 32244 US

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: TONY L. CONARD

TRES

03/31/2012

Electronic Signature of Signing Officer or Director

Date