2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2012
Secretary of State

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Entity Name: STAY-AT-HOME HOME HEALTH CARE INC.

Current Principal Place of Business:

108 N. JUMPER DRIVE
BUSHNELL, FL 33513 US

New Principal Place of Business:

Current Mailing Address:

108 N. JUMPER DRIVE
BUSHNELL, FL 33513 US

New Mailing Address:

FEI Number: 45-3301500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, CHET
911 NORTH BOULEVARD WEST
LEESBURG, FL 34748 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: D
Name: KOS, JULIE D
Address: 1308 SOUTH 8TH STREET
City-St-Zip: LEESBURG, FL 34748 US

Title: D
Name: WILLIAMS, ANITA A
Address: 2952 SE 60TH AVENUE
City-St-Zip: BUSHNELL, FL 33513 US

Title: P
Name: WILLIAMS, ANITA A
Address: 2952 SE 60TH AVENUE
City-St-Zip: BUSHNELL, FL 33513 US

Title: S
Name: WILLIAMS, ANITA A
Address: 2952 SE 60TH AVENUE
City-St-Zip: BUSHNELL, FL 33513 US

Title: T
Name: KOS, JULIE D
Address: 1308 SOUTH 8TH STREET
City-St-Zip: LEESBURG, FL 34748 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: JULIE DARLEEN KOS D 03/27/2012

Electronic Signature of Signing Officer or Director Date