

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000108693

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Entity Name:** HOME HEALTH AGENCY SOFTWARE INC

**Current Principal Place of Business:**

7025 CR 46A  
SUITE 1071  
HEATHROW, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

7025 CR 46A  
SUITE 1071  
HEATHROW, FL 32746 US

**New Mailing Address:**

**FEI Number:** 45-4178430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASUMU, DON E  
2103 ALAQUA LAKES BLVD  
LONGWOOD, FL 32779 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: ASUMU, DON E  
Address: 2103 ALAQUA LAKES BLVD  
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP  
Name: ASUMU, EEVI  
Address: 1333 NORTHGATE CIRCLE  
City-St-Zip: OVIEDO, FL 32765 US

Title: CFO  
Name: ASUMU, CHRISTINE E  
Address: 2103 ALAQUA LAKES BLVD  
City-St-Zip: LONGWOOD, FL 32779 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: DON ASUMU

CEO

02/21/2012

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

\_\_\_\_\_  
Date