

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000014253

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** FIRST CLASS HOME HEALTH SERVICES, INC

**Current Principal Place of Business:**

8050 WEST SAMPLE ROAD  
MARGATE, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

8050 WEST SAMPLE ROAD  
MARGATE, FL 33065 US

**New Mailing Address:**

**FEI Number:** 65-0395799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DHU, MARIE A  
5867 N.W. 42 LANE  
COCONUT CREEK, FL 33073 US

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

DHU, MARIE A MRS.  
5867 N.W. 42 LANE  
COCONUT CREEK, FL 33073 US

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:** MARIE A. DHU

04/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** DHU, MARIE A  
**Address:** 5867 NW 42 LN  
**City-St-Zip:** COCONUT CREEK, FL 33073

**Title:** D  
**Name:** DHU, VINCENT I  
**Address:** 5867 NW 42 LN  
**City-St-Zip:** COCONUT CREEK, FL 33073

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:** MARIE A. DHU

D

04/14/2011

Electronic Signature of Signing Officer or Director

Date