

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000040611

FILED
Mar 30, 2011
Secretary of State

Entity Name: AHP HOME HEALTH CARE, INC.

Current Principal Place of Business:

7737 LUEDERS AVE .
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

7737 LUEDERS AVE .
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3315305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AUSTIN, CHARLENE L
5704 MAHALIA DRIVE
JACKSONVILLE, FL 32209 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: DPT
Name: AUSTIN, CHARLENE L
Address: 5704 MAHALIA DRIVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: DV
Name: PORTER, ROMETA
Address: 11514 SIR BARTON
City-St-Zip: JACKSONVILLE, FL 32218

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: CHARLENE L. AUSTIN

CEO

03/30/2011

Electronic Signature of Signing Officer or Director

Date