

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000013263

FILED  
Apr 19, 2012  
Secretary of State

Entity Name: OLIVINNE'S IN-HOME CARE, INC.

**Current Principal Place of Business:**

3153 NW 114 AVE.  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

3153 NW 114 AVE.  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 65-0727726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BECKFORD-WILLIAMS, OLIVINNE  
3153 NW 114 AVE.  
CORAL SPRINGS, FL 33065 US

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

BECKFORD-WILLIAMSD, OLIVINNE  
3153 NW 114 AVE.  
CORAL SPRINGS, FL 33065 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: OLIVINNE WILLIAMS

04/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: BECKFORD-WILLIAMS, OLIVINNE  
Address: 3153 NW 114 AVE.  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VP  
Name: -WILLIAMS, SEYMOUR  
Address: 8400 NW 45TH MANOR  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: AS  
Name: -WILLIAMS, SEYMOUR  
Address: 8400 NW 45TH MANOR  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: C  
Name: REYNOLDS, ORVILLE  
Address: 8400 NW 45TH MANOR  
City-St-Zip: CORAL SPRINGS, FL 33065 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: OLIVINNE BECKFORD-WILLIAMS

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04/19/2012

Electronic Signature of Signing Officer or Director

Date