

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037396

FILED
Apr 04, 2011
Secretary of State

Entity Name: HEART OF FLORIDA CARE INC

Current Principal Place of Business:

301 S. 10TH STREET
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

301 S. 10TH STREET
HAINES CITY, FL 33844

New Mailing Address:

3883 WEST COLONIAL DRIVE
ORLANDO, FL 32808

FEI Number: 59-3454338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMER, HUGH M ESQUIRE
1150 LOUISIANA AVENUE - SUITE 6A
WINTER PARK, FL 32789 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: VP/D
Name: LALLY, JASVINDER S
Address: P O BOX 989
City-St-Zip: WINDERMERE, FL 34786

Title: P/D
Name: LALLY, RESHAM S LALLY
Address: P O BOX 989
City-St-Zip: WINDERMERE, FL 34786

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: JASVINDER LALLY

VP/D

04/04/2011

Electronic Signature of Signing Officer or Director

Date