2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: AVNER HOME HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

4620 W. COMMERCIAL BOULEVARD
2
TAMARAC, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4620 W. COMMERCIAL BOULEVARD
2
TAMARAC, FL 33319 US

New Mailing Address:

FEI Number: 65-0753624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNETT, SANDRA
4620 W. COMMERCIAL BLVD,
SUITE # 2
TAMARAC, FL 33319 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: PTSD
Name: MCENOUGH, IOLYN
Address: 4620 W. COMMERCIAL BLVD, SUITE # 2
City-St-Zip: TAMARAC, FL 33319 US

Title: D
Name: BENNETT, DONNETT
Address: 4620 W. COMMERCIAL BLVD., SUITE # 2
City-St-Zip: TAMARAC, FL 33319 US

Title: D
Name: BENNETT, SANDRA
Address: 4620 W. COMMERCIAL BLVD., SUITE # 2
City-St-Zip: TAMARAC, FL 33319 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: IOLYN MCENOUGH PTSD 04/08/2011

Electronic Signature of Signing Officer or Director Date