

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000090730

FILED
Mar 23, 2012
Secretary of State

Entity Name: THERACARE HOME HEALTH INC.

Current Principal Place of Business:

18 NORTHEAST 2 AVE
STE A
DANIA, FL 33004 US

New Principal Place of Business:

Current Mailing Address:

4201 NORTH OCEAN DRIVE
403
HOLLYWOOD, FL 33019 US

New Mailing Address:

FEI Number: 65-0789578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANLEY, PATRICIA
4201 NORTH OCEAN DRIVE
#403
HOLLYWOOD, FL 33019 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: P
Name: HANLEY, PATRICIA
Address: 4201 NORTH OCEAN DRIVE #403
City-St-Zip: HOLLYWOOD, FL 33019

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: PATRICIA HANLEY

PRES

03/23/2012

Electronic Signature of Signing Officer or Director

Date