

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014322

Entity Name: CDH HOME CARE, INC.

FILED
Apr 05, 2012
Secretary of State

Current Principal Place of Business:

4738 NORWOOD AVENUE
JACKSONVILLE, FL 32206

New Principal Place of Business:

4738 NORWOOD AVENUE
JACKSONVILLE, FL 32206 UN

Current Mailing Address:

PO BOX 9800
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3496237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEREBEE, DAVID B ESQ.
503 E. MONROE ST.
JACKSONVILLE, FL 32202 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: MRS.
Name: HAYWOOD, CORNELIA D
Address: 1065 LOBSTER LANE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MS.
Name: HAYWOOD, DENISE N
Address: 1065 LOBSTER LANE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MS
Name: HAYWOOD, TERESA Y
Address: 1065 LOBSTER LANE
City-St-Zip: JACKSONVILLE, FL 32218 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: CORNELIA D. HAYWOOD

MRS

04/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date