

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000040686

FILED
Feb 29, 2012
Secretary of State

Entity Name: HOMECARE HOLDINGS, INC.

Current Principal Place of Business:

311 PARK PLACE BOULEVARD
SUITE 500
CLEARWATER, FL 337593999 US

New Principal Place of Business:

Current Mailing Address:

311 PARK PLACE BOULEVARD
SUITE 500
CLEARWATER, FL 337593999 US

New Mailing Address:

FEI Number: 65-0837269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOREL, MITCHEL G
311 PARK PLACE BOULEVARD
SUITE 500
CLEARWATER, FL 337593999 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: D/P
Name: FUSCO, ROBERT A
Address: 311 PARK PLACE BOULEVARD SUITE 500
City-St-Zip: CLEARWATER, FL 337593999 US

Title: D/S
Name: HAYEK, ANDREW
Address: 50 ADAMS AVENUE
City-St-Zip: GLENCOE, IL 60022 US

Title: T
Name: MOREL, MITCHEL G
Address: 311 PARK PLACE BOULEVARD SUITE 500
City-St-Zip: CLEARWATER, FL 337593999 US

Title: D
Name: HARMON, MICHAEL P
Address: 333 SOUTH GRAND AVE., 28TH FL
City-St-Zip: LOS ANGELES, CA 90071 US

Title: D
Name: MOSES, OLIVER
Address: 8 EAST 86TH ST., AP6C
City-St-Zip: NEW YORK, NY 10028 US

Title: D
Name: SILVERMAN, LOUIS
Address: 1915 PORT CARDIFF PLACE
City-St-Zip: NEWPORT BEACH, CA 92660 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: MITCHEL G. MOREL

CFO

02/29/2012

Electronic Signature of Signing Officer or Director

Date