

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000054275

Entity Name: HOME CARE INVESTORS, INC.

FILED
Mar 02, 2009
Secretary of State

Current Principal Place of Business:

5950 W OAKLAND PK BLVD
SUITE 301
FORT LAUDERDALE, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

5950 W OAKLAND PK BLVD
#209
FORT LAUDERDALE, FL 33313 US

New Mailing Address:

5950 W OAKLAND PK BLVD
#301
FORT LAUDERDALE, FL 33313 US

FEI Number: 65-0856369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLBITZ, NATALIE ADMIN
5950 W OAKLAND PK BLVD
#301
FORT LAUDERDALE, FL 33313 US

Name and Address of New Registered Agent:

DAVID, MILNER ADMIN
5950 W OAKLAND PK BLVD
#301
FORT LAUDERDALE, FL 33313 US

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: DAVID MILNER, M.D.

03/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILNER, DAVID M.D.
Address: 1854 NW 106TH TERR
City-St-Zip: PLANTATION, FL 33322

Title: ST () Delete
Name: ROHER, JUDY
Address: 4706 QUEEN PALM LN
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID MILNER, M.D.

P

03/02/2009

Electronic Signature of Signing Officer or Director

Date