

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000054275

Entity Name: HOME CARE INVESTORS, INC.

FILED
Jan 13, 2011
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
SUITE # 301
FORT LAUDERDALE, FL 33313 US

New Mailing Address:

FEI Number: 65-0856369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILNER, M.D., DAVID ADMIN
5950 W OAKLAND PK BLVD
#301
FORT LAUDERDALE, FL 33313 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: MILNER, M.D., DAVID ADMIN
Address: 1854 NW 106TH TERRACE
City-St-Zip: PLANTATION, FL 33322

Title: V.P.
Name: MILNER, RITA L
Address: 1854 NW 106TH TERRACE
City-St-Zip: PLANTATION, FL 33322

Title: S
Name: ROHER, JOEL M
Address: 4611 QUEEN PALM LANE
City-St-Zip: TAMARAC, FL 33319

Title: T
Name: ROHER, JUDITH A
Address: 4611 QUEEN PALM LANE
City-St-Zip: TAMARAC, FL 33319

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: DAVID MILNER, M.D. ADMINISTRATOR

P

01/13/2011

Electronic Signature of Signing Officer or Director

Date