

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000068256

**Entity Name:** CLINICAL HOME CARE, INC.

**FILED**  
**Oct 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

11360 FORTUNE CIR  
E29  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

11360 FORTUNE CIR  
E29  
WELLINGTON, FL 33414 US

**New Mailing Address:**

**FEI Number:** 65-0853876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PANEQUE, ROBERT A  
9188 TALWAY CIR  
BOYNTON BEACH, FL 33437 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: PTV  
Name: PANEQUE, ROBERT  
Address: 11360 FORTUNE CIR  
City-St-Zip: WELLINGTON, FL 33414 US

Title: S  
Name: PANEQUE, MARIA R  
Address: 11360 FORTUNE CIR  
City-St-Zip: WELLINGTON, FL 33414 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: ROBERT PANEQUE

PTV

10/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date