

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000071118

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** A HOME CARE SERVICE OF PALM BEACH COUNTY, CORP.

**Current Principal Place of Business:**

4450 47TH AVE SOUTH  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

4450 47TH AVE SOUTH  
LAKE WORTH, FL 33463

**New Mailing Address:**

**FEI Number:** 65-0940260

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BELL, PATRICIA A  
4450 47TH AVE SOUTH  
LAKE WORTH, FL 33463 US

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

BELL KENNEALY, PATRICIA A  
4450 47TH AVE SOUTH  
LAKE WORTH, FL 33463 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:** PATRICIA BELL KENNEALY

04/14/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BELL KENNEALY, PATRICIA  
**Address:** 4450 47TH AVE SOUTH  
**City-St-Zip:** LAKE WORTH, FL 33463

**Title:** VP  
**Name:** CAMP, THERESA  
**Address:** 4450 47TH AVE SOUTH  
**City-St-Zip:** LAKE WORTH, FL 33463

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:** PATRICIA BELL KENNEALY

PRES

04/14/2010

Electronic Signature of Signing Officer or Director

Date