

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V25662

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** HOME HEALTH WORKS, INC.

**Current Principal Place of Business:**

301 TURNER STREET  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

301 TURNER STREET  
CLEARWATER, FL 33756 US

**New Mailing Address:**

**FEI Number:** 59-3124330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MINKOFF, URI Y  
301 TURNER ST  
CLEARWATER, FL 33756 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  
Name: MINKOFF, DAVID  
Address: 301 TURNER ST.  
City-St-Zip: CLEARWATER, FL 33756

Title: D  
Name: MINKOFF, SUE  
Address: 301 TURNER ST  
City-St-Zip: CLEARWATER, FL 33756

Title: D  
Name: MINKOFF, URI  
Address: 404 EDGEWOOD AVE.  
City-St-Zip: CLEARWATER, FL 33755

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: URI MINKOFF

CEO

01/05/2011

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

\_\_\_\_\_  
Date