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.

Electronic Signature of Signing Officer/Director Detail

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# H57131

Entity Name: AMELIA HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

474256 STATE ROAD 200 FERNANDINA BEACH, FL 32034

Current Mailing Address:

P.O. BOX 1159 FERNANDINA BEACH, FL 32035 US

FEI Number: 59-2540812

Name and Address of Current Registered Agent:

POOLE, WESLEY R. 303 CENTRE ST. SUITE 200 FERNANDINA BEACH, FL 32034 US

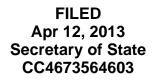
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PD	Title	STD
Name	TITCOMB, ERIC L	Name	STEPHENSON, HARRIET W
Address	873 NISSEN DR	Address	873 NISSEN DR
City-State-Zip:	FERNANDINA BEACH FL 32034	City-State-Zip:	FERNANDINA BEACH FL 32034



Certificate of Status Desired: Yes

PRESIDENT

04/12/2013

Date

Date