

**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**

**Certificate of Status Desired: Yes**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

*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: ERIC L. TITCOMB**

**PRESIDENT**

**04/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date