

**2014 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:**

555 CARDINAL CIRCLE EAST  
ST. MARYS, GA 31558 US

**FEI Number:** 59-2540812

**Certificate of Status Desired:** Yes

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

HATHAWAY & REYNOLDS, P.A.  
50 A1A NORTH - SUITE 108  
PONTE VEDRA BEACH, FL 32082 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 PSTD  
Name GOULD, JEFFREY B  
Address 555 CARDINAL CIRCLE EAST  
City-State-Zip: SAINT MARYS GA 31558

Title S  
Name GOULD, LINDA  
Address 555 CARDINAL CIRCLE EAST  
City-State-Zip: SAINT MARYS GA 31558

*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:** LINDA B. GOULD

**SECRETARY**

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date