

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J29527

**FILED**  
**Mar 17, 2015**  
**Secretary of State**  
**CC8272150070**

**Entity Name:** MS HOME CARE CORPORATION

**Current Principal Place of Business:**

1380 N.E. MIAMI GARDENS DRIVE  
SUITE 166  
MIAMI, FL 33179

**Current Mailing Address:**

1380 N.E. MIAMI GARDENS DRIVE  
SUITE 166  
MIAMI, FL 33179 US

**FEI Number:** 59-2732515

**Certificate of Status Desired:** No

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

GRASSIE, YVONNE GESQ.  
3916 IRVINGTON AVENUE  
MIAMI, FL 33133 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            SEC  
Name            ELKINS, SHIRLENE  
Address        1380 N.E. MIAMI GARDENS DRIVE  
                  SUITE 166  
City-State-Zip: MIAMI FL 33179

Title            CEO  
Name            ELKINS, ROBERT  
Address        1380 N.E. MIAMI GARDENS DRIVE  
                  SUITE 166  
City-State-Zip: MIAMI FL 33179

Title            PRES  
Name            SYKES, G. HARLEY  
Address        1380 N.E. MIAMI GARDENS DRIVE  
                  SUITE 166  
City-State-Zip: MIAMI FL 33179

*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:** ROBERT ELKINS

CEO

03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date