

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000114849

**Entity Name:** 5 STAR HOME HEALTH SERVICES, INC.**Current Principal Place of Business:**5979 VINELAND RD  
SUITE 315  
ORLANDO, FL 32819**Current Mailing Address:**8010 25TH COURT EAST,  
UNIT 103  
SARASOTA, FL 34243 US**FEI Number:** 03-0547616**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GATES, CASSANDRA PRESIDENT  
8010 25TH COURT EAST,  
UNIT 103  
SARASOTA, FL 34243 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:** CASSANDRA GATES

03/15/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT  
Name GATES, CASSANDRA  
Address 8010 25TH COURT EAST,  
UNIT 103  
City-State-Zip: SARASOTA FL 34243

Title DIRECTOR  
Name BEACH, TIM  
Address 8010 25TH COURT EAST,  
UNIT 103  
City-State-Zip: SARASOTA FL 34243

Title DIRECTOR  
Name CHRISTENSEN, STUART  
Address 8010 25TH COURT EAST,  
UNIT 103  
City-State-Zip: SARASOTA FL 34243

Title DIRECTOR  
Name SHULTZ, RYAN  
Address 8010 25TH COURT EAST,  
UNIT 103  
City-State-Zip: SARASOTA FL 34243

Title VP, TREAS, DIRECTOR  
Name BAKER, JEFF  
Address 8010 25TH COURT EAST,  
UNIT 103  
City-State-Zip: SARASOTA FL 34243

Title CFO  
Name LANG, KURT  
Address 8010 25TH COURT EAST,  
UNIT 103  
City-State-Zip: SARASOTA FL 34243

*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:** CASSANDRA GATES

PRESIDENT

03/15/2018

Electronic Signature of Signing Officer/Director Detail

Date