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: YUDERCA M BARBERA

Date

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000016888

Entity Name: STAR HOME CARE AND COMPANION SERVICES INC

Current Principal Place of Business:

5258 GOLDEN GATE PKWY 106 NAPLES, FL 34116

Current Mailing Address:

5258 GOLDEN GATE PKWY 106 NAPLES, FL 34116 US

FEI Number: 45-4572232

Name and Address of Current Registered Agent:

DUFFY, KENNETH JR 3471 2ND AVE SE NAPLES, FL 34117 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	KENNETH DUFFY JR			04/30/2018	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	Р	Title	VP		
Name	DUFFY, KENNETH JR	Name	BARBERA, YUDERCA M		
Address	3471 2ND AVE SE	Address	5258 GOLDEN GATE PKWY 106 NAPLES FL 34116		
City-State-Zip:	NAPLES FL 34117	City-State-Zip:			

Certificate of Status Desired: No

04/30/2018

FILED Apr 30, 2018 Secretary of State CC4708372883

Electronic Signature of Signing Officer/Director Detail