

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000000884

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC4633282587**

**Entity Name:** TRUE COMPANIONS INC. HOME CARE PROVIDERS

**Current Principal Place of Business:**

1225 W BEAVER ST  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

6075 ROSWELL RD SUITE 630  
ATLANTA, GA 30328

**FEI Number: 90-0930081**

**Certificate of Status Desired: Yes**

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

MCCRAY, MORRIS  
1225 W BEAVER ST  
JACKSONVILLE, FL 32204 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 ACEO  
Name MCCRAY, MORRIS D  
Address 72 CLAY CT  
City-State-Zip: HIRAM GA 30141-4413

Title P  
Name MCCRAY, TYREKE A  
Address 2700 ROBIN WAY  
City-State-Zip: MARIETTA GA 30064

Title S  
Name MCCRAY, NORRIS  
Address 72 CLAY CT  
City-State-Zip: HIRAM GA 30141-4413

Title D  
Name MOTE, IVAN  
Address 11010 YELLOW JACKET DR  
City-State-Zip: CALLAHAN FL 32011

*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: MORRIS MCCRAY**

**ADMINISTRATOR**

**04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date