

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000004807

**Entity Name:** CROWN HOME HEALTH CARE, INC

**Current Principal Place of Business:**

17820 SE 109TH AVE.  
STE. 107C  
SUMMERFIELD, FL 34491

**Current Mailing Address:**

17820 SE 109TH AVE.  
STE. 107C  
SUMMERFIELD, FL 34491

**FEI Number:** 46-4569716

**Certificate of Status Desired:** Yes

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

LARSON, DAVID T  
17820 SE 109TH AVE.  
STE107C  
SUMMERFIELD, FL 34491 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 P  
Name LARSON, DAVID T  
Address 17820 SE 109TH AVE.  
City-State-Zip: SUMMERFIELD FL 34491

Title VP  
Name LARSON, DAVID T  
Address 17820 SE 109TH AVE  
City-State-Zip: SUMMERFIELD FL 34491

Title S  
Name LARSON, DAVID T  
Address 17820 SE 109TH AVE  
City-State-Zip: SUMMERFIELD FL 34491

Title T  
Name LARSON, DAVID T  
Address 17820 SE 109TH AVE  
City-State-Zip: SUMMERFIELD FL 34491

*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:** DAVID LARSON

**PRESIDENT**

**04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date