

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000046699

**Entity Name:** FREEDOM EXPANSION HOME HEALTH SERVICES, INC.

**Current Principal Place of Business:**

5006 TROUBLECREEK RD. #104  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5006 TROUBLECREEK RD.  
SUITE 104  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 47-1062406

**Certificate of Status Desired:** Yes

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

MCKITRICK, DAVID  
10451 LAKEVIEW DR.  
NEW PORT RICHEY, FL 34654 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            D, P  
Name            MCKITRICK, DAVID  
Address        PO BOX 1187  
City-State-Zip: PORT RICHEY FL 34673

*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 MCKITRICK

**DIRECTOR**

**04/01/2015**

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

\_\_\_\_\_  
Date