

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014322

Entity Name: CDH HOME CARE, INC.

Current Principal Place of Business:

4738 NORWOOD AVENUE
JACKSONVILLE, FL 32206

Current Mailing Address:

PO BOX 9800
JACKSONVILLE, FL 32208

FEI Number: 59-3496237

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FEREBEE, DAVID BESQ.
503 E. MONROE ST.
JACKSONVILLE, FL 32202 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 MRS.
Name HAYWOOD, CORNELIA D
Address 1065 LOBSTER LANE
City-State-Zip: JACKSONVILLE FL 32218

Title MS.
Name DEAN, DENISE N
Address 843 BLUE GILL LANE
City-State-Zip: JACKSONVILLE FL 32218

Title MS
Name HAYWOOD, TERESA Y
Address 1065 LOBSTER LANE
City-State-Zip: JACKSONVILLE FL 32218

Title CEO
Name HAYWOOD, RAYMOND D
Address 11439 SARASOTA DRIVE
City-State-Zip: JACKSONVILLE FL 32218

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: RAYMOND D. HAYWOOD

**BUSINESS
ADMINISTRATOR**

01/18/2017

Electronic Signature of Signing Officer/Director Detail

Date