

**2015 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**

01/15/2015

Electronic Signature of Signing Officer/Director Detail

Date