

**2023 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            PRESIDENT  
Name            HAYWOOD, CORNELIA D  
Address        1065 LOBSTER LANE  
City-State-Zip: JACKSONVILLE FL 32218

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

Title            COO  
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**

**03/22/2023**

Electronic Signature of Signing Officer/Director Detail

Date