

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000054275

**Entity Name:** HOME CARE INVESTORS, INC.

**Current Principal Place of Business:**

5701 NORTH PINE ISLAND ROAD, SUITE 301  
TAMARAC, FL 33321

**Current Mailing Address:**

5701 NORTH PINE ISLAND ROAD, SUITE 301  
TAMARAC, FL 33321 US

**FEI Number:** 65-0856369

**Certificate of Status Desired:** No

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

GUR, SAMANTHA  
5701 NORTH PINE ISLAND ROAD, #301  
TAMARAC, FL 33321 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:** DAVID MILNER, M.D.

04/14/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VSD  
Name ROHER, JOEL M  
Address 4955 E. SABAL PALM BLVD. #108  
City-State-Zip: TAMARAC FL 33319

Title PTD  
Name ROHER, JUDITH A  
Address 4955 E. SABAL PALM BLVD. #108  
City-State-Zip: TAMARAC FL 33319

Title D  
Name GUR, SAMANTHA  
Address 4601 QUEEN PALM LANE  
City-State-Zip: TAMARAC FL 33319

*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:** SAMANTHA GUR

**DIRECTOR OF NURSING**

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date