

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002689

Entity Name: HOMELAND HEALTHCARE AGENCY, INC.**Current Principal Place of Business:**825 MARKET STREET, SUITE 300
ALLEN, TX 75013**Current Mailing Address:**825 MARKET STREET, SUITE 300
ALLEN, TX 75013**FEI Number:** 54-2112708**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	PRES
Name	BYRNES, ROBERT J
Address	825 MARKET STREET, SUITE 300
City-State-Zip:	ALLEN TX 75013

Title	CEO
Name	JONES, STEPHEN V
Address	825 MARKET STREET, SUITE 300
City-State-Zip:	ALLEN TX 75013

Title	DIR.
Name	JONES, STEPHEN V
Address	825 MARKET STREET, SUITE 300
City-State-Zip:	ALLEN TX 75013

Title	DIR
Name	BYRNES, ROBERT J
Address	825 MARKET STREET, SUITE 300
City-State-Zip:	ALLEN TX 75013

Title	COO
Name	SULLIVAN, MICHAEL C
Address	825 MARKET STREET, SUITE 300
City-State-Zip:	ALLEN TX 75013

Title	SEC
Name	LEONARD, REBA J
Address	825 MARKET STREET, SUITE 300
City-State-Zip:	ALLEN TX 75013

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: REBA LEONARD

VP

04/24/2013

Electronic Signature of Signing Officer/Director Detail_____
Date