

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005056

Entity Name: HOMELAND HEALTHCARE, INC.**Current Principal Place of Business:**825 MARKET ST # 300
ALLEN, TX 75013-3778**Current Mailing Address:**825 MARKET ST # 300
ALLEN, TX 75013-3778**FEI Number: 75-2948231****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	CEO, DIRECTOR	Title	PRESIDENT, DIRECTOR
Name	JONES, STEPHEN V	Name	BYRNES, ROBERT J
Address	825 MARKET ST #300	Address	825 MARKET ST #300
City-State-Zip:	ALLEN TX 75013-3778	City-State-Zip:	ALLEN TX 75013-3778
Title	VP, SECRETARY, TREASURER	Title	CFO, CONTROLLER
Name	LEONARD, REBA J.	Name	KEYS, WILLIAM H
Address	825 MARKET ST # 300	Address	825 MARKET ST # 300
City-State-Zip:	ALLEN TX 75013-3778	City-State-Zip:	ALLEN TX 75013-3778
Title	COO		
Name	CASEY, JENNIFER N.		
Address	825 MARKET ST # 300		
City-State-Zip:	ALLEN TX 75013-3778		

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 J. LEONARD**SECRETARY****01/05/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date