

2015 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F11000001387

Entity Name: MAXXON HOME HEALTH CARE, INC.

Current Principal Place of Business:

1550 NW FEDERAL HWY
STUART, FL 34994

Current Mailing Address:

1550 NW FEDERAL HWY
STUART, FL 34994 US

FEI Number: 43-2021245

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TROWBRIDGE, WARREN K
1550 NW FEDERAL HWY
STUART, FL 34994 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: WARREN K TROWBRIDGE

05/01/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TROWBRIDGE, WARREN K
Address 1550 NW FEDERAL HWY
City-State-Zip: STUART FL 34994

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: WARREN K TROWBRIDGE

PRESIDENT

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date