

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002689

**FILED**  
**Jan 05, 2015**  
**Secretary of State**  
**CC2039058456**

**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            PRESIDENT, DIRECTOR  
Name            BYRNES, ROBERT J  
Address        825 MARKET STREET, SUITE 300  
City-State-Zip: ALLEN TX 75013

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

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

Title            COO  
Name            CASEY, JENNIFER N  
Address        825 MARKET STREET, SUITE 300  
City-State-Zip: ALLEN TX 75013

Title            CFO, CONTROLLER  
Name            KEYS, WILLIAM H  
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 J. LEONARD**

**SECRETARY**

**01/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date