

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