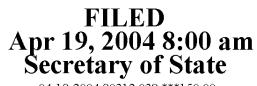
2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P03000094070 1. Entity Name



HOME CARE RESOURCES HOME HEALTH AGENCY, INC.						04-19-2004	90312 038	***150.0	i)
Principal Place of Business		Mailing Address			1				
11601 BISCAYNE BL	VD #309	11601 BISCAYNE BLVD	#309				0.4115	22 1 15 3	
MIAMI FL 33181		MIAMI FL 33181			94056163				
							DIN BRIN BRITE PRITE		RIGERI (I 1881
2. Principal Place of Business		3. Mailing Address		i .					
•							ALBERT BENEFE FEBRUARI	AIIOOF IS LOOL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE	CR2E034	(11/03)	,	
City & State		City & State		4. FEIN	Number 5-3/306/7			pplied For ot Applicable	
Zip	Country	Zip Coun		у	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
6. Na	me and Address of Currer	nt Registered Agent			7. Name	e and Address of New	Registered /	Agent	
المعاد المعادية في المادية على المعادية المعادية المعادية المعادية المعادية المعادية المعادية المعادية المادية المعادية المعادية ا				Name .	:	· · · · · · · · · · · ·			
ST. FLEUR, MARIE E 1455 NW 143 ST				Street Address (P.O. Box Number is Not Acceptable)					
1455 NW 1 MIAMI FL 3	.43 5 I R3167			Silver Address (F.O. Box Hamber to Het Acceptable)					
1411/-(1411 1 = 3	15101			•					
				City			FL	Zip Cod	Je
The above named en the obligations of reg	ntity submits this statement gistered agent.	for the purpose of changing its re	egistered	d office or register	red agent,	or both, in the State of	Florida. I am	familiar with,	, and accept
SIGNATURE		· · · · · · · · · · · · · · · · · · ·							
Professional Service Strain Contractor	ped or printed name of registered age	nt and lifte if applicable. (NOTE: F	Hegislered	Agent signature required	1 when reinstati	/ing)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					,	9. Election Campaign I Trust Fund Contribu	~ -	\$5.0 J Adde)0 May Be d to Fees
10.	OFFICERS AN	D DIRECTORS	11.		ADDITI	IONS/CHANGES TO O	FFICERS AND	DIRECTOR	IS IN 11
TITLE DIR	ector	☐ Delete	TITLE				100.1	Change	Addition
NAME HAR	ie stiffear.	209	NAME						
STREET ADDRESS //60/	Biscayne 180	lvd scute 309		ADDRESS					
GIT-31-ZIF MIA	MI FIA 3	5/81	CITY-S	ST-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME	T ADDRESS					
CITY-ST-ZIP			CITY-S						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME -	وللماليات المساور مشتهمت	. ده د این میشود این	NAME	. <u>.</u>	ــــــــــــــــــــــــــــــــــ	تستنسونات المامات			·
STREET ADDRESS	1		STREET	T ADDRESS					
CITY-ST-ZIP			CITY-S	ST-ZIP					
TITLE		☐ Delete	TITLE	1.				☐ Change	☐ Addition
NAME			NAME	1					
STREET ADDRESS CITY-ST-ZIP			CITY-S	T ADDRESS					
			1-	11-211				<u> </u>	
TITLE NAME		☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP		•	CITY-S	1					
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME	1					
STREET ADDRESS			1	T ADDRESS					
CITY-ST-ZIP			CITY-S						
12. I hereby certify that	the information supplied w	ith this filing does not qualify for the true and accurate and that my	he exem	nption stated in Se	ection 119.	.07(3)(i), Florida Statute	s. I further cer	tify that the i	information

of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

G OFFICER OR DIRECTOR