## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000094070  1. Entity Name HOME CARE RESOURCES HOME HEALTH AGENCY, INC.										FILED 05 FEB 25 AM ID: 3			
Principal Plac -1.1601-BISCA 309 MIAMI, FL 3	AYNE-BLVD-		Mailing Address  11601 BISCAYNE BLVD 309 MIAMI, FL 33181 US						*** <b>ES</b> 14 <b>6</b> * <b>B</b> H			:ATE ;FE <del>0Ri0</del>	
2. Principal P	lace of Busin	ess	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02142005	Chg-P	CR2	E034 (10	)/03)		
City & State			City & State				4. FEI Number Applied 75-3130617 Not Appl					plied For Applicable	
Zip	Country		Zip Coun		itry	5. Certificate of Status Desir			\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					Į <u></u>		7. Name and	Address of New P	tegistere	d Agent			
ST. FLEUF 1455 NW 1 MIAMI, FL			Name Street A	er is Not Acceptable	ile)								
					City				FL Zip Code				
8. 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. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE													
Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Amended AR is \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.													
10.		OFFICERS AND I	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS A	ND DIRE	CTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							<b>1</b> 03/2	00048 2/050100	831  80	o 7≝ 18 *	¥61.	Addition 25	
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NAME STREET ADDRESS CITY-ST-ZIP			Delete		_		<b>-</b> .			□ ci	nange .	☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 exeggite 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 file empowered.													

Daytime Phone #