

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154011

FILED
Jan 09, 2007
Secretary of State

Entity Name: A PLUS HOME HEALTH CARE, INC.

Current Principal Place of Business:

14000 MILITARY TRAIL SUITE 204D
SUITE 204-D
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

14000 MILITARY TRAIL SUITE 204D
SUITE 204-D
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 61-1433445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEMEROFSKY, TRACY A
5106 MISTY MORN ROAD
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEMEROFSKY, TRACY A
Address: 5106 MISTY MORN ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: V () Delete
Name: NEMEROFSKY, STEPHEN L
Address: 3920 N. OCEAN DRIVE, APT 16A
City-St-Zip: SINGER ISLAND, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEPHEN L. NEMEROFSKY

VP

01/09/2007

Electronic Signature of Signing Officer or Director

Date