2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State
07-24-2006 90003 004 ***150.00

DOCUMENT # P04000104820

1. Entity Name
K & D HOME HEALTH CARE CORP.

50022997

Principal Place of Business	Mailing Address
4330 W BROWARD BLVD. SUITE S PLANTATION, FL 33317	4330 W BROWARD BLVD. SUITE S PLANTATION, FL 33317

07172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 30-0272282 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DENTON, NORMA F 4330 W BROWARD BLVD. SUITE S PLANTATION , FL, FL 33317	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DENTON, NORMA F 4330 W BROWARD BLVD. PLANTATION, FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP O'CONNOR, VERONICA 22031 ALTONA DRIVE BOCA RATON, FL 33428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MACMILLAN, MARTHA B 4330 W BROWARD BLVD., SUITE O PLANTATION, FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7.20.06 954.583.7077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
S00023997

Division of Corporations

Annual Report

Annual Report Help

Document Number
P04000104820
Business Entity Name
K & D HOME HEALTH CARE CORP.

☑ **After May 1st of each year, a late charge of $400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.**

FEI Number: 300272282

FEI Number Status: (•) Listed Above ( ) Applied For ( ) Not Applicable

Certificate of Status Desired: ( ) Yes (•) No $8.75 each

Election Campaign Financing Trust Fund Contribution: ( ) Yes (•) No

Principal Place of Business

Address: 4330 W BROWARD BLVD.
Suite, Apt. #, etc.: SUITE O
City, State: PLANTATION , FL
Zip Code & Country: 33317

Mailing Address

Address: 4330 W BROWARD BLVD.
Suite, Apt. #, etc.: SUITE O
City, State: PLANTATION , FL
Zip Code & Country: 33317

Name and Address of Registered Agent

Name (Last, First, Middle, Title): DENTON , NORMA , F ,

- OR -

Business to serve as RA:

Address (PO Box is not acceptable): 4330 W BROWARD BLVD.
Suite, Apt. #, etc.: SUITE O
City, State: PLANTATION , FL , FL
Zip Code & Country:

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33317 US #P04000104820

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	P
Name (Last, First, Middle, Title)	DENTON , NORMA , F ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	4330 W BROWARD BLVD.
City, State	PLANTATION , FL
Zip Code & Country	33317
Title	VP
Name (Last, First, Middle, Title)	O'CONNOR , VERONICA , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	22031 ALTONA DRIVE
City, State	BOCA RATON , FL
Zip Code & Country	33428
Title	T
Name (Last, First, Middle, Title)	MACMILLAN , MARTHA , B ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	4330 W BROWARD BLVD., SUITE O
City, State	

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PLANTATION , FL

Zip Code & Country 33317

Title

Name (Last, First, Middle, Title) , , , ,

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State ,

Zip Code & Country

Title

Name (Last, First, Middle, Title) , , , ,

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State ,

Zip Code & Country

Title

Name (Last, First, Middle, Title) , , , ,

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State ,

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title Adm

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that

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the facts stated herein ~~are true.~~ S00022997

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K & D Home Health Care

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4330 WEST BROWARD BLVD., SUITE O
PLANTATION, FL 33317
TELEPHONE: (954) 583-7077 * 1-866-212-2331
FAX: (954) 583-7099 * 1-866-212-3153

July 10, 06

Florida Dept. of State
Secretary of State
Sue M. Cobb
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom it may concern

Our office as relocated to Suite O, we sent a notice of change of address to your office. Our notice was mailed to the incorrect suite and we received it on July 10, 06. Therefore we are now returning the application and check.

Any questions please feel free to contact our office at the above address.

Sincerely,
Norma Denton
Administrator