

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000003092

FILED
Aug 03, 2004
Secretary of State

Entity Name: HOME CARE RESOURCES, INC.

Current Principal Place of Business:

7900 NOVA DRIVE
SUITE 101
DAVIE, FL 33324

New Principal Place of Business:

6535 NOVA DRIVE
SUITE 100
DAVIE, FL 33317

Current Mailing Address:

7900 NOVA DRIVE
SUITE 101
DAVIE, FL 33324

New Mailing Address:

6535 NOVA DRIVE
SUITE 100
DAVIE, FL 33317

FEI Number: 65-0538677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLEY, BONNIE L
7900 NOVA DRIVE
SUITE 101
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

WILLEY, BONNIE L
6535 NOVA DRIVE
SUITE 100
DAVIE, FL 33317 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:

08/03/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RODERIGUEZ, CARLOS A
Address: 7900 NOVA DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33324

Title: V () Delete
Name: WILLEY, BONNIE
Address: 7900 NOVA DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RODERIGUEZ, CARLOS A
Address: 6535 NOVA DRIVE, SUITE 100
City-St-Zip: DAVIE, FL 33317

Title: V (X) Change () Addition
Name: WILLEY, BONNIE
Address: 6535 NOVA DRIVE, SUITE 100
City-St-Zip: DAVIE, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BONNIE L. WILLEY

V

08/03/2004

Electronic Signature of Signing Officer or Director

Date