

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082906

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: GOLDENCARE HOME HEALTH AGENCY, INC.

**Current Principal Place of Business:**

11890 S.W. 8 STREET  
402  
MIAMI, FL 33184 US

**New Principal Place of Business:**

**Current Mailing Address:**

11890 S.W. 8 STREET  
402  
MIAMI, FL 33184 US

**New Mailing Address:**

FEI Number: 65-0620020      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OROZCO, LEONEL  
3240 S.W. 139TH AVENUE  
MIAMI, FL 33175 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: CEO ( ) Delete  
Name: OROZCO, GLADYS  
Address: 3240 S.W. 139TH AVENUE  
City-St-Zip: MIAMI, FL 33175

Title: VP ( ) Delete  
Name: OROZCO, LEONEL  
Address: 3240 SW 139 AVENUE  
City-St-Zip: MIAMI, FL 33175

Title: T ( ) Delete  
Name: OROZCO, BERTISABEL  
Address: 3240 S.W. 139TH AVENUE  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: LEONEL OROZCO

ADM

04/20/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date