

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85656

FILED
Mar 19, 2005
Secretary of State

Entity Name: HOMECARE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4564 MARKS WAY
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

4564 MARKS WAY
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-0291145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLYNN, BARBARA ANN
4564 MARKS WAY
LAKE WORTH, FL 33463 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: D () Delete
Name: FLYNN, BARBARA ANN,
Address: 4564 MARKS WAY
City-St-Zip: LAKE WORTH, FL 33463

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Change (X) Addition
Name: JULIA ANN FLYNN,
Address: 4339 WILKINSON DRIVE
City-St-Zip: LAKE WORTH, FL 33461

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: BARBARA ANN FLYNN

D

03/19/2005

Electronic Signature of Signing Officer or Director

Date