2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2008
Secretary of State

DOCUMENT# S85656

Entity Name: HOMECARE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 541555
GREENACRES, FL 33454 US

New Principal Place of Business:

6331 SUMMER SKY LANE
LAKE WORTH, FL 33463 US

Current Mailing Address:

P.O. BOX 541555
GREENACRES, FL 33454 US

New Mailing Address:

6331 SUMMER SKY LANE
GREENACRES, FL 33454 US

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
6331 SUMMER SKY LANE
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FLYNN, BARBARA ANN,
Address: 6331 SUMMER SKY LANE
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA FLYNN D 01/26/2008

Electronic Signature of Signing Officer or Director Date