2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State
03-25-2005 90034 026 ***158.75

DOCUMENT # P95000082906

1. Entity Name
GOLDENCARE HOME HEALTH AGENCY, INC.

Principal Place of Business	Mailing Address
11890 S.W. 8 STREET 402 MIAMI, FL 33184 US	11890 S.W. 8 STREET 402 MIAMI, FL 33184 US

01122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5757 Blue Lagoon Drive	5757 Blue Lagoon Drive
Suite, Apt. #, etc.: 420	Suite, Apt. #, etc.: 420
City & State: Miami, FL	City & State: Miami, FL
Zip: 33126 Country: USA	Zip: 33126 Country: USA

4. FEI Number: 65-0620020 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OROZCO, LEONEL
3240 S.W. 139TH AVENUE
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name: Maynard J. Hellman
Street Address (P.O. Box Number is Not Acceptable): 5757 Blue Lagoon Drive # 420
City: Miami FL Zip Code: 33126

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 _____ Maynard J. Hellman, Vice President 03/28/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO OROZCO, GLADYS 3240 S.W. 139TH AVENUE MIAMI, FL 33175	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Charles M. Fernandez 5757 Blue Lagoon Drive, Suite 420 Miami, FL 33126	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OROZCO, LEONEL 3240 SW 139 AVENUE MIAMI, FL 33175	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Maynard Hellman 5757 Blue Lagoon Drive, Suite 420 Miami, FL 33126	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OROZCO, BERTISABEL 3240 S.W. 139TH AVENUE MIAMI, FL	☒ 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 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 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: _____ Maynard J. Hellman, VP 03/28/05 (305) 553-2553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #