

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90158 001 ***150.00
02-17-2006 90158 002 *****8.75

DOCUMENT # P95000082906

1. Entity Name
GOLDENCARE HOME HEALTH AGENCY, INC.



Principal Place of Business

**5757 BLUE LAGOON DR
420
MIAMI, FL 33126 US**

Mailing Address

**5757 BLUE LAGOON DR
420
MIAMI, FL 33126 US**

66001722



02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**HELLMAN, MAYNARD J
5757 BLUE LAGOON DR
420
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FERNANDEZ, CHARLES M
5757 BLUE LAGOON DR, STE 420
MIAMI, FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HELLMAN, MAYNARD
5757 BLUE LAGOON DR, STE 420
MIAMI, FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maynard Hellman 02/18/06 (305)553-2550

Date

Daytime Phone #