

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 637468

FILED
Apr 22, 2008
Secretary of State

Entity Name: PADGETT'S HOME CARE AND OSTOMY CENTER, INC.

Current Principal Place of Business:

4050 13TH ST
ST CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

4050 13TH ST
ST CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 59-1938587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADGETT, PATRICIA B
5100 HELEN CT.
ST CLOUD, FL 34772 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: PST () Delete
Name: PADGETT, PATRICIA B,
Address: 5100 HELEN CT.
City-St-Zip: ST CLOUD, FL 34772 US

Title: D () Delete
Name: ROGERS, STEVEN M.,
Address: 2106 OAK VIEW CIRCLE
City-St-Zip: ST CLOUD, FL 34769

Title: D () Delete
Name: MILLER, BETH
Address: 712 MARYLAND AVE
City-St-Zip: ST CLOUD, FL 34769

Title: D () Delete
Name: PADGETT, DAVID S
Address: 18 ALABAMA AVE.
City-St-Zip: SAINT CLOUD, FL 34769

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:

Title: D (X) Change () Addition
Name: PADGETT, DAVID S
Address: 2974 CHEROKEE ROAD
City-St-Zip: SAINT CLOUD, FL 34772

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: PATRICIA B PADGETT

PST

04/22/2008

Electronic Signature of Signing Officer or Director

Date