


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90006 036 ***150.00

DOCUMENT # F07000003801	
1. Entity Name BRIDGEPORT HOME HEALTH CARE HOLDINGS, INC.	

Principal Place of Business 1250 TAMAMI TRAIL NORTH, SUITE 305 NAPLES, FL 34102 34109 10661 AIRPORT-PULLING RD. STE. 9	Mailing Address 1250 TAMAMI TRAIL NORTH, SUITE 305 NAPLES, FL 34102 34109 10661 AIRPORT-PULLING RD. STE. 9
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40107665



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01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 26-0404620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DILLER-SHIVELY, NANCY 10661 AIRPORT-PULLING RD. 1250 TAMAMI TRAIL NORTH, SUITE 305 NAPLES, FL 34102-34109 STE. 9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BAILEY, MICHAEL 2200 ROSS AVE, SUITE 3838 DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CROTHERS, MICHAEL 2200 ROSS AVE, SUITE 4050 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: X Nancy Diller-Shively X 4-25-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #