


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F11999 1. Entity Name RUBY'S HOME HEALTH AGENCY, INC.	
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Principal Place of Business 4343 W SUNRISE BLVD PLANTATION, FL 33313-6749 US	Mailing Address 4343 W SUNRISE BLVD PLANTATION, FL 33313-6749 US
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2057442	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EDMAN, RUBY G 4343 W SUNRISE BLVD PLANTATION, FL 33313-6749
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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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000656145 03/14/07-00014-021 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST EDMAN, RUBY G 4343 W SUNRISE BLVD PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDMAN, VINCENT 4343 W SUNRISE BLVD PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMAN, RUBY G 4343 W SUNRISE BLVD PLANTATION, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/16/07 <small>Date</small>	954-584-1970 <small>Daytime Phone #</small>
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