

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.



Principal Place of Business
 4343 W SUNRISE BLVD
 PLANTATION, FL 33313-6749 US

Mailing Address
 4343 W SUNRISE BLVD
 PLANTATION, FL 33313-6749 US

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 **\$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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

000000656145
 03/14/07-00014-021 158.75

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	

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