

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


Amended
FILED

05 OCT 20 AM 10:53

FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10072005 Chg-P CR2E034 (10/03)

DOCUMENT # F95000004259					
1. Entity Name ACCESS HOME HEALTH OF FLORIDA, INC.					
Principal Place of Business 2725 WATER RIDGE PARKWAY SUITE 300 CHARLOTTE, NC 28217 US			Mailing Address 2725 WATER RIDGE PARKWAY SUITE 300 CHARLOTTE, NC 28217 US		
2. Principal Place of Business 3350 Riverwood Pkwy		3. Mailing Address 3350 Riverwood Pkwy.			
Suite, Apt. #, etc. Suite 1400		Suite, Apt. #, etc. Suite 1400			
City & State Atlanta GA		City & State Atlanta		4. FEI Number 06-1451363	
Zip 30339	Country USA	Zip 30339	Country USA	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			7. Name and Address of New Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive - Ste. 4 City Weston FL Zip Code 33331		
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 <i>Stephanie Thomas, Special Asst Secy</i> / STEPHANIE THOMAS, SPECIAL AST. SECY. 10/17/2005 <small>Signatures, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		400061086134 11/02/05--01003--004 **61.25	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOREHEAD, WAYNE S 2725 WATER RIDGE PARKWAY CHARLOTTE, NC 28217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman & CEO & Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rodney D. Windley 3350 Riverwood Pkwy - Ste. 1400 Atlanta GA 30339		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIEBUSCH, TODD D 2725 WATER RIDGE PARKWAY CHARLOTTE, NC 28217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & COO & Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition H. Anthony Strange 3350 Riverwood Pkwy - Ste. 1400 Atlanta GA 30339		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, ALAN D 2725 WATER RIDGE PARKWAY CHARLOTTE, NC 28217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer & CFO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cynthia L. Lumpkin 3350 Riverwood Pkwy - Ste. 1400 Atlanta GA 30339		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, MICHAEL S 2725 WATER RIDGE PARKWAY CHARLOTTE, NC 28217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gary E. Snyder 3290 Northside Pkwy. Ste 400 Atlanta GA 30327		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JoAnne K. Little 3350 Riverwood Pkwy - Suite 1400 Atlanta GA 30339		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 authority to be empowered.					
SIGNATURE: <i>Gary E. Snyder</i>		Gary E. Snyder, Secretary/Director 10/17/05			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	