

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004259

FILED
Jan 31, 2006
Secretary of State

Entity Name: ACCESS HOME HEALTH OF FLORIDA, INC.

Current Principal Place of Business:

3350 RIVERWOOD PKWY
SUITE 1400
ATLANTA, GA 30339 US

New Principal Place of Business:

Current Mailing Address:

3350 RIVERWOOD PKWY
SUITE 1400
ATLANTA, GA 30339 US

New Mailing Address:

FEI Number: 06-1451363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: DCEO () Delete
Name: WINDLEY, RODNEY D
Address: 3350 RIVERWOOD PKWY., SUITE 1400
City-St-Zip: ATLANTA, GA 30339 US

Title: DCOO () Delete
Name: STRANGE, H. ANTHONY
Address: 3350 RIVERWOOD PKWY., SUITE 1400
City-St-Zip: ATLANTA, GA 30339 US

Title: TCFO () Delete
Name: LUMPKIN, CYNTHIA L
Address: 3350 RIVERWOOD PKWY., SUITE 1400
City-St-Zip: ATLANTA, GA 30339 US

Title: SD () Delete
Name: SNYDER, GARY E
Address: 3290 NORTHSIDE PKWY., SUITE 400
City-St-Zip: ATLANTA, GA 30327 US

Title: AS () Delete
Name: LITTLE, JOANNE
Address: 3350 RIVERWOOD PKWY., SUITE 1400
City-St-Zip: ATLANTA, GA 30339 US

Title: CHAI () Delete
Name: WINDLEY, RODNEY D
Address: 3350 RIVERWOOD PKWY., SUITE 1400
City-St-Zip: ATLANTA, GA 30339 US

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RODNEY D WINDLEY

CEO

01/31/2006

Electronic Signature of Signing Officer or Director

Date