

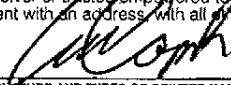


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # G09794 1. Entity Name HODGES CONVALESCENT AIDS, INC.			
Principal Place of Business % OSCEOLA HOMECARE SUPPLY 405 S. 7TH ST. FT. PIERCE, FL 34950		Mailing Address % OSCEOLA HOMECARE SUPPLY 405 S. 7TH ST. FT. PIERCE, FL 34950	
DO NOT WRITE IN THIS SPACE			
		01172005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2239239	
		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 CAPAK, GERALD T. 1635-14TH AVENUE VERO BEACH, FL		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 11/17/05 186544 01/21/05-80060-019 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAPAK, GERALD T. 1635-14TH AVENUE VERO BEACH, FL		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		11/17/05 772-567-5297	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	