

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # G86928

Entity Name
OSOTO HOME HEALTH CARE, INC.



Principal Place of Business
**301 N BREVARD AVENUE
STE C
ARCADIA, FL 34266 US**

Mailing Address
**301 N BREVARD AVE
STE C
ARCADIA, FL 34266 US**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2373411

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCKIBBEN, JEFF ESQ.
106 S 5TH AVENUE
SUITE B
WAUCHULA, FL 33873**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000398133
01/30/06-80082-019 150.00**

OFFICERS AND DIRECTORS

**PDS
WALKER, ESTHER CAROL
3555 HARTSFIELD RD
JACKSONVILLE, FL 32277**

**T
WALKER, ESTHER CAROL
102 BRIDLE PATH
ARCADIA, FL**

**V
GRAHAM, DANIEL ASHLY
808 W MAIN ST
WAUCHULA, FL 33873**

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06

Date

Daytime Phone #