


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H30506 1. Entity Name MEDICAL CENTER HOME HEALTH CARE SERVICES, INC.						05 MAY -2 PM 4:56 OFFICE OF THE CLERK TALLAHASSEE, FLORIDA	
Principal Place of Business 1324 E. SIXTH AVENUE TALLAHASSEE, FL 32303 US				Mailing Address 1401 CENTERVILLE RD BOX 210 TALLAHASSEE, FL 32308-4611 US			
2. Principal Place of Business 1401 Centerville Rd.				3. Mailing Address			
Suite, Apt. #, etc. Box 210				Suite, Apt. #, etc.			
City & State Tallahassee, FL				City & State			
Zip 32308-4611		Country US		Zip		Country	
4. FEI Number 59-2461376				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DAVIS, JUDY S 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DCP O'BRYANT, MARK 1300 MICCOSUKEE TALLAHASSEE, FL <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP 500054667485 05/17/05--01026--006 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WILLIAMS, JERRY L. 1300 MICCOSUKEE RD TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GIUDICE, WILLIAM A 1300 MICCOSUKEE RD TALLAHASSEE, FL <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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			
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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 to this filing, with all other like empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				William A. Giudice 4-25-05 850-431-5238 <small>Date Daytime Phone #</small>			

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