# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 30, 2004**
**Secretary of State**

DOCUMENT# H33331

**Entity Name:** HOME HEALTH CARE SERVICES, INC.

**Current Principal Place of Business:**

633 E. COLONIAL DRIVE
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

633 E. COLONIAL DRIVE
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number: 59-2603012** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEARLMAN, CRAIG S. ESQUIRE
940 HIGHLAND AVE
ORLANDO, FL 32803

**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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete
Name: ADAMS, N. LOIS,
Address: 633 E COLONIAL DR
City-St-Zip: ORLANDO, FL

Title: VD ( ) Delete
Name: MURRAY, LOUIS C.
Address: 633 E COLONIAL DR
City-St-Zip: ORLANDO, FL

Title: AS ( ) Delete
Name: BISZICK, MCRYL
Address: 633 E. COLONIAL D5.
City-St-Zip: ORLANDO, FL

Title: T ( ) Delete
Name: MCCULLY, PHILIP
Address: 633 EAST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32803

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: N. LOIS ADAMS PRES 06/30/2004

Electronic Signature of Signing Officer or Director — Date