2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004
Secretary of State

DOCUMENT# H80644

Entity Name: BROADWAY HOME CARE, INC.

Current Principal Place of Business:

3601 BROADWAY
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

3601 BROADWAY
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 59-2822561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COOMBS, DELORES MARRIAN
613 CLEARLAKE AVE.
WEST PALM BEACH, FL 33401 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:	PTD	( ) Delete
Name:	COOMBS, DELORES MARR, IAN	
Address:	613 CLEARLAKE AVE.	
City-St-Zip:	WEST PALM BEACH, FL	
Title:	VSD	( ) Delete
Name:	COOMBS, DELON P	
Address:	9249 WILLOW TREE CT	
City-St-Zip:	JONESBORO, GA 30238	
Title:	D	( ) Delete
Name:	COOMBS, HARDLEY A	
Address:	21268 MIRROR RIDGE PLACE	
City-St-Zip:	STERLING, VA 20164	
Title:	AVP	( ) Delete
Name:	COOMBS, COURTNEY	
Address:	1948 LOCHSHYRE RIDGE PLACE	
City-St-Zip:	OCOEE, FL 34761	

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: HARDLEY COOMBS D 02/06/2004

Electronic Signature of Signing Officer or Director — Date