

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # J17020

1. Entity Name
ATKINSON'S HOME HEALTH CARE, INC.



Principal Place of Business
1532 KINGSLEY AVENUE
SUITE #103
ORANGE PARK, FL 32073 US

Mailing Address
ATKINSONS HOME HEALTH CARE, INC
P.O. BOX 1644
ORANGE PARK, FL 32067-1644 US



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2686271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MUYRES, WILLIAM J
2390 STOCKTON DRIVE
GREEN COVE SPRINGS, FL 32043

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

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**

U00000521592
05/02/06-80140-022 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MUYRES, WILLIAM J
2390 STOCKTON DRIVE
GREEN COVE SPRINGS, FL 32043

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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

William J. Muyres

Date

4-16-06 (904) 269-8050

Daytime Phone #