2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #J17020

ATKINSON'S HOME HEALTH CARE, INC.



Principal Place of Business

Mailing Address

1532 KINGSLEY AVENUE

SUITE #103 ORANGE PARK, FL 32073 ATKINSONS HOME HEALTH CARE, INC P.O. BOX 1644 ORANGE PARK, FL 32067-1644 US

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04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2686271 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

FILED

Apr 26, 2007 08:00 A Secretary of State

6. Name and Address of Current Registered Agent

MUYRES, WILLIAM J

and the same of the real principal and the same of DO NOT WRITE

	OVE SPRINGS, FL 32043		Property of		THIS S		gram Malacai gramhai ria canai angs Magaras	
	named entity submits this statement for the pions of registered agent.	urpose of changing its registe	ered office or	registered agent, or bo	th, in the State of	Florida. I am far	miliar with, and acc	ept
SIGNATURE	Signature, typed or printed name of registered agent and little	f applicable, (NQTE: Registe	red Agent signatu	re required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS	ESTE BEN		189 15 L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	m de la Sulla Salva		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				ઉંદ્ર જુલાઇ અપ્રદુશ કરો. ઉંદ્રો અમે સ્વેપસ્ટ્રીને વસ્ત્રી કરેલા દ	raidio de l	્રેડ કેલ્ડ્રેસિફિફ કરો - હલ્ફ્ડ્રેસિફિફ કરો	Harak Kalibaran Se Kara Abarah	e s
TITLE		,	Store Grand	it grantsenset	September 30	ย์สิริสาของโรก จั	and Anti-Addison and the	5, 13.

12. I hereby certify that the information supplied with this filling 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 with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$7-ZiP

4-20-07 CEO

Same Wind grade of State for the