2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# J17020

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

Current Principal Place of Business:

1532 KINGSLEY AVENUE
SUITE #103
ORANGE PARK, FL 32073 US

New Principal Place of Business:

1675 EAGLE HARBOR PKWY
SUITE A
ORANGE PARK, FL 32003 US

Current Mailing Address:

ATKINSONS HOME HEALTH CARE, INC
P.O. BOX 1644
ORANGE PARK, FL 320671644 US

New Mailing Address:

FEI Number: 59-2686271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUYRES, WILLIAM J
2390 STOCKTON DRIVE
GREEN COVE SPRINGS, FL 32043 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: PST ( ) Delete
Name: MUYRES, WILLIAM J
Address: 2390 STOCKTON DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM J. MUYRES CEO 04/15/2008
Electronic Signature of Signing Officer or Director Date