

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J29527

FILED
Feb 25, 2008
Secretary of State

Entity Name: MS HOME CARE CORPORATION

Current Principal Place of Business:

1400 NE MIAMI GARDENS DRIVE
SUITE 200
MIAMI, FL 33179 US

New Principal Place of Business:

New Mailing Address:

1400 NE MIAMI GARDENS DRIVE
SUITE 200
MIAMI, FL 33179 US

Current Mailing Address:

1400 NE MIAMI GARDENS DRIVE
SUITE 200
MIAMI, FL 33179

FEI Number: 59-2732515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRASSIE, YVONNE G ESQ.
601 BRICKELL KEY DRIVE
SUITE 500
MIAMI, FL 33131 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: S () Delete
Name: DORNE, ALAN
Address: 1666 KENNEDY CAUSEWAY #305
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: PD () Delete
Name: ELKINS, ROBERT
Address: 1666 KENNEDY CAUSEWAY, # 305
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: D () Delete
Name: SYKES, G. HARLEY
Address: 1666 KENNEDY COURSEWAY #305
City-St-Zip: NORTH BAY VILLAGES, FL 33141

Title: S (X) Delete
Name: ELKINS, SHICLENE
Address: 1666 KENNEDY CAUSEWAY #305
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: ELKINS, SHIRLENE
Address: 1400 NE MIAMI GARDENS DRIVE
City-St-Zip: MIAMI, FL 33179

Title: PD (X) Change () Addition
Name: ELKINS, ROBERT
Address: 1400 NE MIAMI GARDENS DRIVE
City-St-Zip: MIAMI, FL 33179

Title: D (X) Change () Addition
Name: SYKES, G. HARLEY
Address: 1400 NE MIAMI GARDENS DRIVE
City-St-Zip: MIAMI, FL 33179

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: G. HARLEY SYKES

D

02/25/2008

Electronic Signature of Signing Officer or Director

_____ Date