

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # K17144 1. Entity Name HOUSECALLS OF BOCA, INC.																																										
Principal Place of Business 2576 NW 59TH ST BOCA RATON, FL 33496 US		Mailing Address P O BOX 810792 BOCA RATON, FL 33481																																								
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent BELL-LUCKHURST, JANET 2576 NW 59 STREET BOCA RATON, FL 33496		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 renewing) 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																																								
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>PT</td></tr><tr><td>NAME</td><td>LUCKHURST, DOUGLAS J.</td></tr><tr><td>STREET ADDRESS</td><td>2576 NW 59TH ST</td></tr><tr><td>CITY-ST-ZIP</td><td>BOCA RATON, FL</td></tr><tr><td>TITLE</td><td>VPS</td></tr><tr><td>NAME</td><td>BELL-LUCKHURST, JANET</td></tr><tr><td>STREET ADDRESS</td><td>2576 NW 59 STREET</td></tr><tr><td>CITY-ST-ZIP</td><td>BOCA RATON, FL</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	PT	NAME	LUCKHURST, DOUGLAS J.	STREET ADDRESS	2576 NW 59TH ST	CITY-ST-ZIP	BOCA RATON, FL	TITLE	VPS	NAME	BELL-LUCKHURST, JANET	STREET ADDRESS	2576 NW 59 STREET	CITY-ST-ZIP	BOCA RATON, FL	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		U000000471942 03/29/06-80017-015 150.00 DO NOT WRITE IN THIS SPACE
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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: <u><i>Douglas Luckhurst</i></u> <u>3/14/06</u> <u>982-3011</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																										