

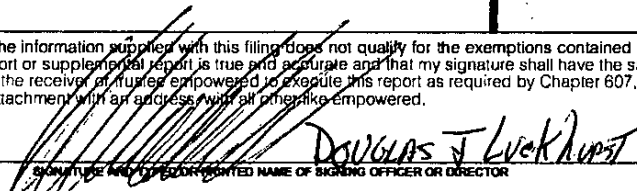


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 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			
		03142007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0057674	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LUCKHURST, DOUGLAS J. 2576 NW 59TH ST BOCA RATON, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BELL-LUCKHURST, JANET 2576 NW 59 STREET BOCA RATON, FL		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		3/17/07	
SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	