

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62825

FILED
May 01, 2008
Secretary of State

Entity Name: PREFERRED HOMECARE ASSOCIATES, INC.

Current Principal Place of Business:

100 E. LINTON BLVD
STE 145A
DELRAY BCH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 754
DEERFIELD BEACH, FL 33443 US

New Mailing Address:

FEI Number: 65-0104503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKINS, ELIZABETH A. ESQ.
6445 LA GORCE CT
LAKEWORTH, FL 33463 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WILKINS, DEBORAH A.,
Address: 6445 LAGORCE CT
City-St-Zip: LAKEWORTH, FL 33463

Title: P () Delete
Name: WILKINS, STEVEN D
Address: 6445 LAGORCE CT
City-St-Zip: LAKEWORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DEBORAH A. WILKINS

S

05/01/2008

Electronic Signature of Signing Officer or Director

Date