2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057841

Entity Name: P N C HOME CARE, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
3875 CABBAGE PALM WAY LOXAHATCHEE, FL 33470 US	6801 LAKE WORTH RD STE 103 LAKE WORTH, FL 33467 US

Current Mailing Address:	**New Mailing Address:**
3875 CABBAGE PALM WAY LOXAHATCHEE, FL 33470 US	6801 LAKE WORTH RD STE103 LAKE WORTH, FL 33467 US

FEI Number: 20-1449234   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
WILLIAMSON, DONNA 3875 CABBAGE PALM WAY LOXAHATCHEE, FL 33470 US	WILLIAMSON, DONNA 6801LAKE WORTH RD LAKE WORTH, FL 33467 US

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: _____   02/25/2005
                          Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS: **ADDITIONS/CHANGES:**

Title: P ( ) Delete Name: WILLIAMSON, DONNA Address: 3875 CABBAGE PALM WAY City-St-Zip: LOXAHATCHEE, FL 33470 US	Title: MGRM (X) Change ( ) Addition Name: WILLIAMSON, DONNA Address: 3585 CABBAGE PALM WAY City-St-Zip: LOXAHATCHEE, FL 33470 US
Title: SEC. (X) Delete Name: EXY, TYREASIE Address: 3875 CABBAGE PALM WAY City-St-Zip: LOXAHATCHEE, FL 33470 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DONNA WILLIAMSON   MGRM   02/25/2005
_____
                Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date