

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L97651

FILED
Jan 15, 2005
Secretary of State

Entity Name: HOMECARE MEDICAL SERVICES OF POLK COUNTY, INC.

Current Principal Place of Business:

1641 E MEMORIAL BLVD
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

5280 WATERWOOD DR
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-3031636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAHEY, BRUCE B
5280 WATERWOOD DR
BARTOW, FL 33830 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: PD () Delete
Name: LAHEY, JOANNA,
Address: 5280 WATERWOOD DR
City-St-Zip: BARTOW, FL

Title: TSD () Delete
Name: LAHEY, BRUCE B,
Address: 5280 WATERWOOD DR
City-St-Zip: BARTOW, FL

Title: VD () Delete
Name: LEWIS, JOANNA JANICE
Address: 707 CARPENTERS WAY
City-St-Zip: LAKELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 for the exemption stated in Section 119.07(3)(i), 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: BRUCE LAHEY

TSD

01/15/2005

Electronic Signature of Signing Officer or Director

Date