


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N01000007798</b> 1. Entity Name DOUGLAS GARDENS HOME CARE, INC.	
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FILED

07 JUL 10 AM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 5200 NE 2 AVE MIAMI, FL 33137-2706	Mailing Address 5200 NE 2 AVE MIAMI, FL 33137-2706
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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06152007 Chg-NP CR2E037 (12/06)

City & State  Zip	City & State  Zip	4. FEI Number 65-1151478	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  CYPEN, STEPHEN H 825 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECK, HAROLD			NAME	700106259837		
STREET ADDRESS	5200 NE SECOND AVE.			STREET ADDRESS	07/17/07--01020--010 **\$61.25		
CITY-ST-ZIP	MIAMI, FL 33137			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADY, DANIEL T PH.D			NAME			
STREET ADDRESS	5200 NE SECOND AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33137			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNIGHT, MARK T			NAME			
STREET ADDRESS	5200 NE 2ND AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33132			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOCK, FRED			NAME			
STREET ADDRESS	5200 NE SECOND AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33137			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	BRADLEY, KAREN A.		
STREET ADDRESS				STREET ADDRESS	5200 NE SECOND AVE		
CITY-ST-ZIP				CITY-ST-ZIP	MIAMI, FL 33137		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 617, 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:** Mark T. Knight     MARK T. KNIGHT     6/15/07     (305) 751-8626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #