

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01808

FILED
Feb 15, 2005
Secretary of State

Entity Name: PHOENIX HOME CARE, INC.

Current Principal Place of Business:

P.O. BOX 144536
CORAL GABLES, FL 331144536

New Principal Place of Business:

P.O. BOX 144536
CORAL GABLES, FL 331144536 US

Current Mailing Address:

153 SEVILLA AVE
CORAL GABLES, FL 33134

New Mailing Address:

153 SEVILLA AVE
CORAL GABLES, FL 33134 US

FEI Number: 59-2398244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

M.J.F. REGISTERED AGENT CORP
153 SEVILLA AVE
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: NESSLEIN, DAVID A.,
Address: P.O. BOX 144536
City-St-Zip: CORAL GABLES, FL 331144536

Title: PD () Delete
Name: VASQUEZ, SANDRA K.,
Address: P.O. BOX 144536
City-St-Zip: CORAL GABLES, FL 331144536

Title: TD () Delete
Name: MAYER, FRED,
Address: 2401 DOUGLAS RD
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD (X) Change () Addition
Name: NESSLEIN, DAVID A.,
Address: P.O. BOX 144536
City-St-Zip: CORAL GABLES, FL 331144536 US

Title: PD (X) Change () Addition
Name: VASQUEZ, SANDRA K.,
Address: P.O. BOX 144536
City-St-Zip: CORAL GABLES, FL 331144536 US

Title: TD (X) Change () Addition
Name: MAYER, FRED,
Address: P.O. BOX 144536
City-St-Zip: CORAL GABLES, FL 331144536 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID NESSLEIN

VSD

02/15/2005

Electronic Signature of Signing Officer or Director

Date