

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005123

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: UMABEL HOME HEALTH CARE INC.

## Current Principal Place of Business:

9715 W. BROWARD BLVD., STE. 231  
PLANTATION, FL 33324

## New Principal Place of Business:

## Current Mailing Address:

9715 W. BROWARD BLVD., STE. 231  
PLANTATION, FL 33324

## New Mailing Address:

FEI Number: 13-4296804      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DELVA, FRANTZ DR.  
9715 W. BROWARD BLVD., STE. 231  
PLANTATION, FL 33324      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: CEO      ( ) Delete  
Name: LAPORTE, MATHILDA M.  
Address: 9715 W. BROWARD BLVD., STE. 231  
City-St-Zip: PLANTATION, FL 33324

Title: CEO      ( ) Delete  
Name: DELVA, FRANTZ DR.  
Address: 9715 W. BROWARD BLVD., STE. 231  
City-St-Zip: PLANTATION, FL 33324

Title: DP      ( ) Delete  
Name: MONTPREMIER, MILELSON  
Address: 3540 NW 50TH AVE., STE. K318  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: DVP      ( ) Delete  
Name: MONTPREMIER, EDMUND  
Address: 3540 NW 50TH AVE., STE. K318  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: DV      ( ) Delete  
Name: AUGUSTIN, LADIE  
Address: 3633 SW 16TH ST.  
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: DS      ( ) Delete  
Name: AUGUSTIN, FERDINAND  
Address: 3630 SW 16TH ST.  
City-St-Zip: FT. LAUDERDALE, FL 33311

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO      (X) Change ( ) Addition  
Name: LAPORTE, MATHILDA M. MS  
Address: 9715 W. BROWARD BLVD., STE. 231  
City-St-Zip: PLANTATION, FL 33324

Title: CEO      (X) Change ( ) Addition  
Name: DELVA, FRANTZ MD.  
Address: 9715 W. BROWARD BLVD., STE. 231  
City-St-Zip: PLANTATION, FL 33324

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

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

Title: D      (X) Change ( ) Addition  
Name: MARTELLY, MARCELLE PHD  
Address: 1440 NE 201 TERRACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D      (X) Change ( ) Addition  
Name: STUART, DELVA MR.  
Address: 3101 NW 47TERRACE SUITE 129-4  
City-St-Zip: LAUDERDALE LAKES, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANTZ DELVA

D

04/30/2006

Electronic Signature of Signing Officer or Director

Date