

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000051814

FILED
Feb 10, 2006
Secretary of State

Entity Name: PCA HOME HEALTH CARE INC.

Current Principal Place of Business:

5321 WEST 20 AVENUE
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

5321 WEST 20 AVENUE
HIALEAH, FL 33013

New Mailing Address:

FEI Number: 65-1009716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, GILDA C
18057 SW 12 COURT
PEMBROKE PINES, FL 33029 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: PTD () Delete
Name: GONZALEZ, GILDA C
Address: 18057 S.W. 12TH COURT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VSD () Delete
Name: PEREZ, CORALIA
Address: 7750 S.W. 19TH STREET
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: GILDA GONZALEZ

PTD

02/10/2006

Electronic Signature of Signing Officer or Director

Date