

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90003 022 \*\*\*158.75

**DOCUMENT # P00000100050**

1. Entity Name

**DENBAR HOME HEALTH AGENCY INC.**



Principal Place of Business

**6272 MIRAMAR PKWY  
MIRAMAR FL 33023**

Mailing Address

**6272 MIRAMAR PKWY  
MIRAMAR FL 33023**

**04024879**



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1051592**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAND, HUDELL J  
2170 NW 82ND WAY  
SUNRISE FL 33322**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/29/2004**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S**  
**BOYLEY, BARBARA P**  
**3130 SW 64 TERR**  
**MIRAMAR FL 33023**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DOYLEY Barbara P**  
**5030 SW 150 Terrace**  
**Miramar 33027**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**  
**JACOBS, CAROL**  
**3475 NW 180 ST**  
**MIAMI FL 33056**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

*[Signature]*  
**Barbara P Doyley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/04**  
Date

**954 966-4884**  
Daytime Phone