

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 08, 2005 08:00 AM
Secretary of State

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



03132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1051592

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

3/25/05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	DOYLEY, BARBARA P
STREET ADDRESS	5030 SW 150 TERRACE
CITY - ST - ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	JACOBS, CAROL
STREET ADDRESS	3475 NW 180 ST
CITY - ST - ZIP	MIAMI, FL 33056
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000224516
04/08/05-80072-779 158.75

DO NOT WRITE
IN THIS SPACE

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:

Barbara P Doyley 3/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954
966-4384