

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90014 035 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  |                                                                   |                                                                                                                     |                                                                                                                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P00000100050</b><br>1. Entity Name<br><b>DENBAR HOME HEALTH AGENCY INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |                                                                   |                                                                                                                     |                                                                                                                                                                                                                           |  |
| Principal Place of Business<br><b>6102 MIRAMAR PKWY<br/>MIRAMAR, FL 33023</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                   | Mailing Address<br><b>6102 MIRAMAR PKWY<br/>MIRAMAR, FL 33023</b>                                                   |                                                                                                                                                                                                                           |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  | 3. Mailing Address                                                |                                                                                                                     |                                                                                                                                                                                                                           |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  | Suite, Apt. #, etc.                                               |                                                                                                                     |                                                                                                                                                                                                                           |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  | City & State                                                      |                                                                                                                     |                                                                                                                                                                                                                           |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                          | Zip                                                               | Country                                                                                                             | 4. FEI Number<br><b>65-1051592</b>                                                                                                                                                                                        |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                                                   |                                                                                                                     | Applied For<br>Not Applicable                                                                                                                                                                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SHAND, HUDELL J<br/>2170 NW 82ND WAY<br/>SUNRISE, FL 33322</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                                   |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>Annette Haslam</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9830 SW 10 STREET</b><br>City <b>Pembroke Pines</b> <b>FL</b> Zip Code <b>33025</b> |  |
| 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.<br><br>SIGNATURE <b>A. Haslam</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>4/8/08</b>                                                                                                                                                                                                                                                                                              |                                                                  |                                                                   |                                                                                                                     |                                                                                                                                                                                                                           |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                           |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                        |                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>DOYLEY, BARBARA P<br>15236 SW 21 PLACE<br>MIRAMAR, FL 33027 | <input type="checkbox"/> Delete                                   |                                                                                                                     |                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>DOYLEY, DENROY<br>15236 SW 21 PLACE<br>MIRAMAR, FL 33027    | <input type="checkbox"/> Delete                                   |                                                                                                                     |                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                     |                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                     |                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                     |                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                     |                                                                                                                                                                                                                           |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>Barbara Doyley</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |                                                                   | Date <b>4/11/08</b> Daytime Phone # <b>954 966-4884</b>                                                             |                                                                                                                                                                                                                           |  |