

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115565

FILED
Mar 10, 2005
Secretary of State

Entity Name: ALLIANCE HOME HEALTH CARE, INC.

Current Principal Place of Business:

2665 CLEVELAND AVE., #201
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2665 CLEVELAND AVE., #201
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 65-1067665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUNN, COLLETTA
2665 CLEVELAND AVE., #202
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

DUNN, COLLETTA
2665 CLEVELAND AVE., #201
FT. MYERS, FL 33901 US

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:

03/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DUNN, COLLETTA
Address: 2665 CLEVELAND AVE., #201
City-St-Zip: FT. MYERS, FL 33901

Title: DV () Delete
Name: DUNN, KEN
Address: 2665 CLEVELAND AVE., #201
City-St-Zip: FT. MYERS, FL 33901

Title: D () Delete
Name: SHANNON, JANET M
Address: 2665 CLEVELAND AVE., #201
City-St-Zip: FORT MYERS, FL 33901

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D () Change (X) Addition
Name: SHANNON, GEORGE
Address: 2665 CLEVELAND AVE., #201
City-St-Zip: FORT MYERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify for the 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 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: COLLETTA DUNN

DP

03/10/2005

Electronic Signature of Signing Officer or Director

Date