


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000023208	
1. Entity Name NURSEPOWER HOME HEALTH AGENCY, INC.	

Principal Place of Business 12790 W DIXIE HWY. MIAMI, FL 33161	Mailing Address 12790 W DIXIE HWY. MIAMI, FL 33161
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DO NOT WRITE IN THIS SPACE



02272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1094590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UGOKWE, ELIZABETH 330 NORTH BISCAYNE RIVER DRIVE MIAMI, FL 33169	
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000252174 03/05/05-80015-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UGOKWE, MALUCHI 330 NORTH BISCAYNE RIVER DRIVE MIAMI, FL 33169
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: MALUCHI T. UGOKWE 03/02/05 305-891-3933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #