

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082719

Entity Name: ALLIANCE HOME CARE, INC.

FILED  
May 01, 2007  
Secretary of State

## Current Principal Place of Business:

2500 QUANTUM LAKES DR  
STE 108  
BOYNTON BEACH, FL 33426

## New Principal Place of Business:

## Current Mailing Address:

2500 QUANTUM LAKES DR  
STE 108  
BOYNTON BEACH, FL 33426

## New Mailing Address:

FEI Number: 65-1137449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOSKOWITZ, MICHAEL W ESQ  
800 CORPORATE DRIVE STE 510  
FT LAUDERDALE, FL 33334 US

## Name and Address of New Registered Agent:

ROLLE, JULIA  
2500 QUANTUM LAKES DRIVE  
108  
BOYNTON BEACH, FL 33426 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: JULIA ROLLE

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MGRM ( ) Delete  
Name: MOBILE MEDICAL INDUS, TRIES  
Address: 2500 QUANTUM LAKES DR STE 108  
City-St-Zip: BOYNTON BEACH, FL 33426

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MGR ( ) Change (X) Addition  
Name: TODD, STEVE  
Address: 2500 QUANTUM LAKES DR., #108  
City-St-Zip: BOYNOTN BEACH, FL 33426 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEVE TODD

MGR

05/01/2007

Electronic Signature of Signing Officer or Director

Date