2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# P01000110666

Entity Name: PARK HOME CARE MANAGEMENT, INC.

Current Principal Place of Business:

6320 ST. AUGUSTINE RD.
#4
JACKSONVILLE, FL 32217

New Principal Place of Business:

6015 CHESTER CIRCLE
#209
JACKSONVILLE, FL 32217

Current Mailing Address:

6320 ST. AUGUSTINE RD.
#4
JACKSONVILLE, FL 32217

New Mailing Address:

6015 CHESTER CIRCLE
#209
JACKSONVILLE, FL 32217

FEI Number: 59-3757923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD, SUITE 504
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PARK, JANE
Address: 9831 DEL WEBB PKWY #2406
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JANE PARK MS. 04/01/2008

Electronic Signature of Signing Officer or Director Date