2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000112580

1. Entity Name

PINES HOME HEALTH CARE SERVICES, INC.



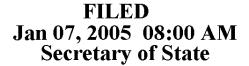
Principal Place of Business

Mailing Address

12535 ORANGE DR STE 603 12535 ORANGE DR

__ STE 603

DAVIE, FL 33330 DAVIE, FL 33330





DO NOT WRITE IN THIS SPACE

01042005 No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1145366 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGUINALDO, LYDIA 1091 NW 157TH AVE. PEMBROKE PINES, FL 33028

DO NOT WRITE IN THIS SPACE

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 Financ Trust Fund Contribution.	elng	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUINALDO, LYDIA 1091 NW 157TH AVE. PEMBROKE PINES, FL 33028	-			U00000173965 01/07/05-80039-021 158.75
TITLE NAME SYREET ADDRESS CITY-ST-ZIP	T — TABLADA, RAYMUNDO 1081 NW 157TH AVE. PEMBROKE PINES, FL 33028				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUTUS, MASOCORRO 7972 TROPICANA DR. MIRAMAR, FL 33023		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D GATMAITAN, MALUISA 15470 NW 11TH ST. PEMBROKE PINES, FL 33028			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADAR, REMEDIOS T 128 AGUSTA DR. PALOS HEIGHTS, IL 60463	:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					