

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90001 002 \*\*\*158.75

**DOCUMENT # P02000010344**

1. Entity Name

ALIMAN HOME HEALTH CARE, INC.



Principal Place of Business

4699 N FEDERAL HWY #101-G  
POMPANO BEACH FL 33064

Mailing Address

4699 N FEDERAL HWY #101-G  
POMPANO BEACH FL 33064



MOORE

CR2E034 (11/03)

2. Principal Place of Business

4699 N. Federal Hwy  
Suite 101 G

3. Mailing Address

4699 N. Federal Hwy  
Suite 101 G

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Bch FL.  
Zip 33064 Country Broward

City & State

Pompano Bch FL.  
Zip 33064 Country Broward

4. FEI Number

01-0621450

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GIUSCA, ELISABETH  
4699 N FEDERAL HWY #101-F  
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

ELISABETH GIUSCA

Street Address (P.O. Box Number is Not Acceptable)

2720 N.E. 8th TERRACE

City

POMPANO BCH

FL

Zip Code

33064

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME GIUSCA, ELISABETH  
STREET ADDRESS 4699 N FEDERAL HWY #101-F  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D. ☒ Change ☐ Addition  
NAME GIUSCA, ELISABETH  
STREET ADDRESS 2720 N.E. 8th TERRACE  
CITY-ST-ZIP POMPANO BCH FL. 33064

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

ELISABETH GIUSCA Jan. 21, 2004 (954) 946-8688

Date

Daytime Phone #