

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036443

FILED
Jan 15, 2004
Secretary of State

Entity Name: SOUTHEAST HOMECARE CORPORATION

Current Principal Place of Business:

7715 NORTHWEST 48TH STREET
SUITE 390
MIAMI, FL 33166

New Principal Place of Business:

7715 NORTHWEST 48TH STREET
SUITE 380
MIAMI, FL 33166

Current Mailing Address:

7715 NORTHWEST 48TH STREET
SUITE 390
MIAMI, FL 33166

New Mailing Address:

7715 NORTHWEST 48TH STREET
SUITE 380
MIAMI, FL 33166

FEI Number: 42-1533389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARD P. JOBLOVE, P.A.
12372 SE 82ND AVE, FIRST FL
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

RICHARD P. JOBLOVE, P.A.
12372 SW 82ND AVENUE, FIRST FLOOR
MIAMI, FL 33156 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:

01/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLLAZOS, HELI
Address: 7715 NORTHWEST 48TH STREET
City-St-Zip: MIAMI, FL 33166

Title: ST () Delete
Name: JOBLOVE, RICHARD P
Address: 7715 NORTHWEST 48TH STREET
City-St-Zip: MIAMI, FL 33166

Title: V () Delete
Name: PEREDA, ANNA M
Address: 7715 NORTHWEST 48TH STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SAN ROMAN, ANGEL F
Address: 5965 PONCE DE LEON BLVD, SUITE 2
City-St-Zip: CORAL GABLES, FL 33146

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

Title: V (X) Change () Addition
Name: PEREDA, ANA M
Address: 7715 NORTHWEST 48TH STREET
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANGEL F. SAN ROMAN

P

01/15/2004

Electronic Signature of Signing Officer or Director

Date