## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051567

Entity Name: SAINT FRANCIS HOME CARE, INC.

FILED Jan 26, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1490 W 49TH PL STE 580 1490 W 49TH PL STE 580B HIALEAH, FL 33012 HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

1490 W 49TH PL STE 580 1490 W 49TH PL STE 580B HIALEAH, FL 33012 HIALEAH, FL 33012

FEI Number: 01-0671762 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRUZ, JESUS

1490 W 49TH PL STE 580

HIALEAH, FL 33012 US

CRUZ, JESUS

1490 W 49TH PL STE 580B

HIALEAH, FL 33012 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: JESUS CRUZ 01/26/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: D () Delete
Name: RICHARDS, ANTHONY

Address: 1490 W 49TH PL STE 580 City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete

Name: CRUZ, JESUS

Address: 1490 W 49TH PL STE 580 City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition

Name: RICHARDS, ANTHONY
Address: 1490 W 49TH PL STE 580B
City-St-Zip: HIALEAH, FL 33012

Title: D (X) Change () Addition

Name: CRUZ, JESUS

Address: 1490 W 49TH PL STE 580B City-St-Zip: HIALEAH, FL 33012

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: ANTHONY RICHARDS D 01/26/2004