


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90025 036 ***150.00

DOCUMENT # P02000051626			
1. Entity Name BETTER @ HOME HEALTH CARE PROFESSIONALS, INC.			
Principal Place of Business 535 NE 36TH AVE, STE 3 OCALA, FL 34472		Mailing Address 535 NE 36TH AVE, STE 3 OCALA, FL 34472	
2. Principal Place of Business 1 Banyan Pass		3. Mailing Address 1 Banyan Pass	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ocala, FL		City & State Ocala, FL	
Zip 34472	Country MARION	Zip 34472	Country MARION
6. Name and Address of Current Registered Agent PHELAN, WILLIAM H JR C/O BOND, ARNETT, PHELAN, SMITH & CRAGGS 535 NE 36TH AVE STE 3 OCALA, FL 34472		7. Name and Address of New Registered Agent Name no changes Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Patricia J. Yancey DATE 03-05-04 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YANCEY, PATRICIA F 535 NE 36TH AVE, STE 3 OCALA, FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Patricia J. Yancey		Date 03-05-04 Daytime Phone # (852) 694-8100	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

PROCESSED

34027413



03052004 Chg-P CR2E034 (10/03)

4. FEI Number **61-1412515** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**