

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000088472

FILED
Jan 22, 2005
Secretary of State

Entity Name: INDEPENDENT LIVING HOME HEALTH, INC.

Current Principal Place of Business:

1110 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134

New Principal Place of Business:

701 WATERFORD WAY
SUITE 780
MIAMI, FL 33126

Current Mailing Address:

1110 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134 US

New Mailing Address:

701 WATERFORD WAY
SUITE 780
MIAMI, FL 33126 US

FEI Number: 90-0063325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLANA, NESTOR J
1110 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PLANA, NESTOR J
701 WATERFORD WAY
SUITE 780
MIAMI, FL 33126 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: NESTOR J. PLANA

01/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PLANA, NESTOR
Address: 1110 COUNTRY CLUB PRADO
City-St-Zip: CORAL GABLES, FL 33134

Title: VSD () Delete
Name: ROTHMAN, PAUL
Address: 13234 SW 104 TERR.
City-St-Zip: MIAMI, FL 33186

Title: VTD () Delete
Name: NOONAN, RAYMOND
Address: 2503 SRA ISLAND DRIVE
City-St-Zip: FORT LAUDERDALE, FL 333015

Title: VD () Delete
Name: CHUNN, PATRICK
Address: 17063 NW 15TH ST
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: PATRICK CHUNN

VD

01/22/2005

Electronic Signature of Signing Officer or Director

Date