

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000088472

FILED  
Mar 24, 2006  
Secretary of State

Entity Name: INDEPENDENT LIVING HOME HEALTH, INC.

## Current Principal Place of Business:

701 WATERFORD WAY  
SUITE 780  
MIAMI, FL 33126

## New Principal Place of Business:

## Current Mailing Address:

701 WATERFORD WAY  
SUITE 780  
MIAMI, FL 33126 US

## New Mailing Address:

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  
701 WATERFORD WAY  
SUITE 780  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

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 (X) 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 Chapter 119, 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

03/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date