


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90100 042 ***150.00

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1. Entity Name
 BAPTIST HOME CARE, INC.



Principal Place of Business
 3210 SW 105TH CT
 MIAMI, FL 33165

Mailing Address
 3210 SW 105TH CT
 MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
 02-0646496

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RAMIREZ, ROSSANA P
 3210 SW 105TH CT
 MIAMI, FL 33165

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAMIREZ, ROSSANA P
STREET ADDRESS	3210 SW 105TH CT
CITY - ST - ZIP	MIAMI, FL 33165
TITLE	VP
NAME	RAMIREZ, EVELIO JR
STREET ADDRESS	3210 SW 105TH CT
CITY - ST - ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerers.

SIGNATURE: *Rossana P Ramirez* **ROSSANA P. RAMIREZ** 4/18/06 3/4804862
SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #