

ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90065 025 ***150.00

DOCUMENT # P02000132139

1. Entity Name

LA ROCHE CARE SERVICES, INC.



Principal Place of Business

2247 PALM BEACH LAKES BLVD.
 SUITE 235
 WEST PALM BEACH FL 33409

Mailing Address

2247 PALM BEACH LAKES BLVD.
 SUITE 235
 WEST PALM BEACH FL 33409

04000110



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

42-1564287

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, CARMEN I
 2247 PALM BEACH LAKES BLVD.
 SUITE 235
 WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE Delete
 NAME JOHNSON, CARMEN I
 STREET ADDRESS 2247 PALM BEACH LAKES DR #235
 CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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: *C Johnson Director/President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04 561-686-4552
 Date Daytime Phone #