

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000291

FILED  
Jan 05, 2004  
Secretary of State

Entity Name: FAMILY HOME HEALTH SERVICES, INC.

## Current Principal Place of Business:

6704 LONE OAK BLVD  
NAPLES, FL 34109 US

## New Principal Place of Business:

3390 TAMiami TRAIL  
SUITE #204  
PORT CHARLOTTE, FL 33952 US

## Current Mailing Address:

6704 LONE OAK BLVD  
NAPLES, FL 34109 US

## New Mailing Address:

11373 WILLOW WOOD LANE  
PLYMOUTH, MI 33952 US

FEI Number: 59-3668863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PILKINGTON, JAMES H  
6704 LONE OAK BLVD  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

PILKINGTON, JAMES H  
1400 COLONIAL BLVD  
SUITE 43  
FORT MYERS, FL 33907 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:

01/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RUARK, KEVIN R  
Address: 11373 WILLOW WOOD LANE  
City-St-Zip: PLYMOUTH, MI 48170 US

Title: VP ( ) Delete  
Name: PILKINGTON, JAMES H  
Address: 6704 LONE OAK BLVD  
City-St-Zip: NAPLES, FL 34109 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: PILKINGTON, JAMES H  
Address: 1400 COLONIAL BLVD  
City-St-Zip: FORT MYERS, FL 33907 US

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: KEVIN RUARK

CEO

01/05/2004

Electronic Signature of Signing Officer or Director

Date