

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019762

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: APOLLO HOME HEALTH CARE SERVICES, INC.

## Current Principal Place of Business:

10032 SOUTH US1  
SUITE 17A  
PORT ST. LUCIE, FL 34952

## New Principal Place of Business:

## New Mailing Address:

10032 SOUTH US1  
SUITE 17A  
PORT ST. LUCIE, FL 34952

## Current Mailing Address:

2929 E COMMERCIAL BLVD SUITE 700  
FORT LAUDERDALE, FL 33308

FEI Number: 06-1680127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ACHARYA, NAVIN  
2010 N.E. 45TH STREET  
FORT LAUDERDALE, FL 33308 US

## Name and Address of New Registered Agent:

ACHARYA, NAVIN  
10032 SOUTH US1  
SUITE 17A  
PORT ST. LUCIE, FL 34952 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: N ACHARYA

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MR. ( ) Delete  
Name: ACHARYA, NAVIN  
Address: 2010 NE 45 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change ( ) Addition  
Name: ACHARYA, NAVIN  
Address: 10032 SOUTH US1, SUITE 17A  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: N. ACHARYA

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date