

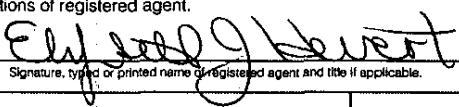
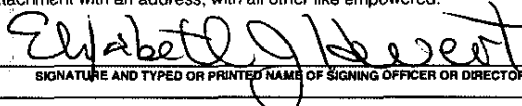


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2004 8:00 am
Secretary of State

06-25-2004 90001 044 ***558.75

DOCUMENT # P03000047727 1. Entity Name AMBASSADOR HOME HEALTH, INC.					
Principal Place of Business 1898 HILLSBORO BLVD SUITE E DEERFIELD BEACH, FL 33442			Mailing Address 1898 HILLSBORO BLVD SUITE E DEERFIELD BEACH, FL 33442		
2. Principal Place of Business 212 Ocean Blvd S.W.		3. Mailing Address 1898 Hillsboro Blvd			
Suite, Apt. #, etc. Suite E		Suite, Apt. #, etc. Suite E		06212004 Chg-P CR2E034 (10/03)	
City & State Stuart		City & State Deerfield Beach		4. FEI Number 200712565	
Zip 34994		Country Martin		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, KATHLEEN B 125 CRAWFORD BLVD BOCA RATON, FL 33432		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 		DATE 6/21/04			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVS HEVERT, ELIZABETH 1898 HILLSBORO BLVD SUITE E DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEVERT, ELIZABETH 1898 HILLSBORO BLVD SUITE E DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete			
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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: 		DATE: 6/21/04 561278-1224			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			