

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052861

FILED
Apr 30, 2004
Secretary of State

Entity Name: HOME HEALTH AXIS INC.

Current Principal Place of Business:

14409 BRUCE B. DOWNS BLVD.
TAMPA, FL 33613

New Principal Place of Business:

5899 WHITFIELD AVE.
SUITE 201
SARASOTA, FL 34243

Current Mailing Address:

14409 BRUCE B. DOWNS BLVD.
TAMPA, FL 33613

New Mailing Address:

5899 WHITFIELD AVE.
SUITE 201
SARASOTA, FL 34243

FEI Number: 01-0690303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADORNA, RONNIE
5899 WHITFIELD AVENUE
201
SARASOTA, FL 33613 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VERUASA, CATALINO A
Address: 14409 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33613

Title: VP () Delete
Name: VERUASA, ELIZABETH A
Address: 14409 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33613

Title: D (X) Delete
Name: VERUASA, JOHN OSCAR A
Address: 14409 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CADORNA, RONNIE R
Address: 5899 WHITFIELD AVE SUITE 201
City-St-Zip: SARASOTA, FL 34243

Title: P (X) Change () Addition
Name: CADORNA, MARIA A
Address: 5899 WHITFIELD AVE. SUITE 201
City-St-Zip: SARASOTA, FL 34243

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

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: RONNIE R. CADORNA

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date