2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2006 8:00 am Secretary of State

DOCUMENT # P03000068456 1. Entity Name FIRST CARE HOME SERVICES, INC.						03-31-200	6 90016 04	10 ***15	0.00
Principal Plac	ce of Business	Mailing Address			1				
Principal Place of Business 2040 NE 163RD ST SUITE 303 N MIAMI BEACH, FL 33162		P.O. BOX 640342 MIAMI, FL 33164					50	0075	61
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03012006	Chg-P	CR2E03	14 (11/05)	
City & State		City & State			4. FEI Number 57-1173				optied For
Zip	Country	Zip	Country		ĺ	of Status Desired		8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New	Registered A	gent	
MCLEAN, LISIA 5243 ALTON ROAD MIAMI BEACH, FL 33140				Name Street Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Cod	le
8. The above the obligat	anamed entity submits this statement fitions of registered agent.	or the purpose of changing its	registered office	or register	ed agent, or both	, in the State of I	Florida. I am fa	amiliar with,	and accept
SIGNATURE									
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent sig	nature required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campai	gn Financing	\$5.	when reinstating) 00 May Be ed to Fees		DATE		
	E NOW!!! FEE IS \$150.00	9. Election Campaid Trust Fund Contr	gn Financing	\$5.	00 May Be ed to Fees	CHANGES TO OF		DIRECTOR	S IN 11
After Ma 10. TITLE NAME STREET ADDRESS	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550 OFFICERS AND P MCLEAN, LISIA 5243 ALTON ROAD	9. Election Campaid Trust Fund Contr	gn Financing ribution. 11. TITLE NAME STREET ADDRES	\$5. Add	00 May Be ed to Fees	CHANGES TO OF	FFICERS AND	DIRECTOR: ☐ Change	S IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue and focurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trustes implemental 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 artifless with all other like empowered. loudia

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-945-9025