2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070116

Entity Name: BOYNTON BEACH HOME CARE, INC

FILED Apr 16, 2008 Secretary of State

| Entity Na | me: BOYNTO | A REACH HO | ME CARE, INC. | | | | |
|---|---|----------------|-------------------|--|--------------------------|---|-------------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| | /E POINT CIRC N BEACH, FL 3 | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| | /E POINT CIRC N BEACH, FL 3 | | | | | | |
| FEI Number | r: 20-0056327 | FEI Number A | Applied For () | FEI Number Not Appl | icable () | Certificate of Status Desi | red() |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| 6550 NÓF 410 | NICHOLAS A CI RTH FEDERAL UDERDALE, FL | HIGHWAY | | | | | |
| | e named entity s e of Florida. | ubmits this st | atement for the p | ourpose of changing it | ts registered | d office or registered agen | t, or both, |
| SIGNATU | RE: | | | | | | |
| | Electron | ic Signature o | f Registered Age | ent | | Date | |
| Election Ca | mpaign Financing | Trust Fund Co | ntribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | PASKOVA, LIDI 9340 COVE PO | | s | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | CFO () PASKOV-HOSH 8301 GENOVA LAKE WORTH, | WAY | | Title: Name: Address: City-St-Zip: | PASKOV-HO 7231 VIA AB | (X) Change () Addition SHKO, MIRJANA RUZZI TH, FL 33467 | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LIDIJA PASKOVA RN 04/16/2008