2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082894

Address:

City-St-Zip:

9465 BAY DRIVE

SURFSIDE, FL

MYRIAD HOME HEALTH SERVICES INC

FILED Jan 06, 2004 Secretary of State

Entity Nai	me: MYRIAD	HOME HEALTH SERVICES, II	NC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	2ND AVENUE DOD, FL 3302	1			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	LYWOOD BLV OOD, FL 3302				
FEI Number	: 75-3127519	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SUGAR, S 5740 HOLI HOLLYWO	STEPHEN LYWOOD BLV DOD, FL 3302	D., STE. 203 1 US			
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () SAMPANG, FLO 4320 MONTRO CHICAGO, IL (SE AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SUGAR, MONK 9465 BAY DRIV SURFSIDE, FL	/E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SUGAR, JUDY 9350 RIDGEW, EVANSTON, IL	ΑΥ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP () SUGAR, STEPH	Delete HEN	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: STEPHEN SUGAR VP 01/06/2004