


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91036 008 ***150.00

DOCUMENT # P03000083230	
1. Entity Name JEAN R. LHERISSON HOME HEALTH SERVICES, P.A.	

Principal Place of Business 216 CROOKED STICK COURT ORLANDO FL 32826	Mailing Address 216 CROOKED STICK COURT ORLANDO FL 32826
--	--

2. Principal Place of Business 519 Soft Shadow Lane	3. Mailing Address 519 Soft Shadow Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Debarry, FL	City & State Debarry, FL
Zip 32713	Zip 32713
Country VOLUNTA	Country VOLUNTA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent LHERISSON, JEAN R 216 CROOKED STICK COURT ORLANDO FL 32826	
7. Name and Address of New Registered Agent Name Lherisson, Jean R. Street Address (P.O. Box Number is Not Acceptable) 519 Soft Shadow Lane City Debarry FL Zip Code 32713	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	P LHERISSON, JEAN R 216 CROOKED STICK COURT ORLANDO FL 32826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lherisson, Jean R. 519 soft shadow lane Debarry, FL 32713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARIANNO, KARLO R 216 CROOKED STICK COURT ORLANDO FL 32826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mariano, Karlo R 519 soft shadow lane Debarry, FL 32713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4/24/04 407-923-5042**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #