2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# P03000083230

Entity Name: JEAN R. LHERISSON HOME HEALTH SERVICES, P.A.

Current Principal Place of Business:

519 SOFT SHADOW LANE
DEBARY, FL 32713

New Principal Place of Business:

8178 NARROW LEAF POINT
SANDFORD, FL 32771 81

Current Mailing Address:

519 SOFT SHADOW LANE
DEBARY, FL 32713

New Mailing Address:

8178 NARROW LEAF POINT
SANFORD, FL 32771 81

FEI Number: 56-2380316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LHERISSON, JEAN R
519 SOFT SHADOW LANE
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

LHERISSON, JEAN R
8178 NARROW LEAF POINT
SANFORD, FL 32771 US

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: JEAN R LHERISSON 04/18/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LHERISSON, JEAN R
Address: 519 SOFT SHADOW LANE
City-St-Zip: DEBARY, FL 32713

Title: V (X) Delete
Name: MARIANNO, KARLO R
Address: 519 SOFT SHADOW LANE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LHERISSON, JEAN R
Address: 8178 NARROW LEAF POINT
City-St-Zip: SANFORD, FL 32771

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: JEAN R LHERISSON P 04/18/2005
Electronic Signature of Signing Officer or Director Date