


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90013 035 ***150.00

DOCUMENT # P03000087001 1. Entity Name AURORA HOME CARE OF THE PALM BEACHES, INC.											
Principal Place of Business 437 INLET RD. NORTH PALM BEACH, FL 33408			Mailing Address 437 INLET RD. NORTH PALM BEACH, FL 33408								
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.									
City & State Zip Country		City & State Zip Country		4. FEI Number 200153202							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> 6. Name and Address of Current Registered Agent ROE, NANCY 437 INLET RD. NORTH PALM BEACH, FL 33408 </td> <td colspan="3" style="padding: 5px;"> 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </td> </tr> </table>						6. Name and Address of Current Registered Agent ROE, NANCY 437 INLET RD. NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
6. Name and Address of Current Registered Agent ROE, NANCY 437 INLET RD. NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code								
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 re-registering) DATE _____											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 ROE, NANCY 104 TIMBERLANE JUPITER, FL 33458	<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	V MCCLUSKY, ANNETTE 14057 GLENLYON CT. DELRAY BEACH, FL 33446	<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	CFO GAINES, COLLEN E 437 INLET RD. NORTH PALM BEACH, FL 33408	<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	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	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	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: <u>Colleen E. Gaines</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-9-04 (561) 833-8009 <small>Date Daytime Phone #</small>								

94027816



03092004 Chg-P CR2E034 (10/03)