

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000087001

FILED
Feb 08, 2005
Secretary of State

Entity Name: AURORA HOME CARE OF THE PALM BEACHES, INC.

Current Principal Place of Business:

437 INLET RD.
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

745 U.S. HIGHWAY ONE
#304
NORTH PALM BEACH, FL 33408

Current Mailing Address:

437 INLET RD.
NORTH PALM BEACH, FL 33408

New Mailing Address:

745 U.S. HIGHWAY ONE
#304
NORTH PALM BEACH, FL 33408

FEI Number: 20-0153202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROE, NANCY
437 INLET RD.
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

ROE, NANCY
745 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408 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:

02/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROE, NANCY
Address: 104 TIMBERLANE
City-St-Zip: JUPITER, FL 33458

Title: V () Delete
Name: MCCLUSKY, ANNETTE
Address: 14057 GLENLYON CT.
City-St-Zip: DELRAY BEACH, FL 33446

Title: CFO () Delete
Name: GAINES, COLLEEN E
Address: 437 INLET RD.
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: GAINES, COLLEEN E
Address: 437 INLET RD.
City-St-Zip: NORTH PALM BEACH, FL 33408

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: COLLEEN E. GAINES

CFO

02/08/2005

Electronic Signature of Signing Officer or Director

Date