

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000087001

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



FILED  
05 AUG 22 PM 1:12

SECRET  
TALL

Principal Place of Business  
745 U.S. HIGHWAY ONE  
#304  
NORTH PALM BEACH, FL 33408

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08162005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
20-0153202

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Annette Mc Clusky

Street Address (P.O. Box Number is Not Acceptable)  
745 U.S. Highway One

Suite 304

City North Palm Beach

FL

Zip Code 33408

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: Annette Mc Clusky, Annette Mc Clusky 8/16/05  
Signature, typed or printed name of registered agent and title if applicable. (Typed Registered Agent signature required when resigning) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ROE, NANCY  
STREET ADDRESS 104 TIMBERLANE  
CITY-ST-ZIP JUPITER, FL 33458 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME MCCLUSKY, ANNETTE  
STREET ADDRESS 14057 GLENLYON CT.  
CITY-ST-ZIP DELRAY BEACH, FL 33446 ☐ Delete

TITLE President  
NAME Mcclusky, Annette  
STREET ADDRESS 14057 Glenlyon Court  
CITY-ST-ZIP Delray Beach, FL 33446 ☒ Change ☐ Addition

TITLE CFO  
NAME GAINES, COLLEEN E  
STREET ADDRESS 437 INLET RD.  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408 ☐ Delete

TITLE Vice President/CFO  
NAME Gaines, Colleen E.  
STREET ADDRESS 437 Inlet Road  
CITY-ST-ZIP North Palm Beach, FL 33408 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Annette Mc Clusky  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/05 561-833-8009  
Date Define Phone #