2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # P03000087001 1. Entity Name AURORA HOME CARE OF THE PALM BEACHES, INC.						05	AUG 22	.0 PM 1: 12 1: FL		
Principal Place of Contract						<u>ا</u> کے ا				
			Mailing Address	· · · · · · · · · · · · · · · · · · ·		1 TA	l.L.	F 1 1.		
745 U.S. HIGHWAY ONE #304			745 U.S. HIGHWAY ONE							
#304 #304 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH,			33408]					
months and banding to 33400 months and the same to the) terminorium	R ad olah ab uti ab uti ab u	e Beblur Kotal Jeroje Golia Olitok IXI	LIAA HARA	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, stc.			08162005	Chg-P	CR2E034 (10/03)		
City & State			City & State			4. FEI Number 20-01532	202		optied For ot Applicable	
Zip	Country		Zip Countr			5. Certificate of	Status Desired	S8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
					Name Annalla Ma Clucky					
ROE, NANCY					Honette Mr. Clusky					
745 U.S. HIGHWAY ONE					Street Address (P.O. Box Number is Not Acceptable)					
NORTH PALM BEACH, FL 33408					8.1.		13 may			
					City North Palm Preside FL Zie Code OR					
8. The above paged entity or be the this statement for the					North	raim	xaan_	~ ` ' _ / . /	100	
8. The above samed 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 obligation of registered agent.										
SIGNATURE THAT THE Signature, yourd or printed name or registered agent and title it applicable. (b) The Plagiatered Agent sugnature required when reinstating) OATE										
COLD TO THE PROPERTY OF THE PR										
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.	·····	ADDITIONS/C	HANGES TO OFF	CERS AND DIRECTOR	S INL 11	
TYPE	P		⊠ Deteta	TITLE		ADDITIONATO	DATE OF THE	☐ Change	Addition	
NAME	ROE, NANCY				İ			□ Onenge	Addition	
STREET ADDRESS 104 TIMBERLANE				NAME STREET AD	DORESS					
CITY-ST-ZIP					zir					
TITLE	V Delete				Pres	President Grange Addition				
NAME	MCCLUSKY, ANNETTE			TITLE NAME	Mac	Manuery Annette				
STIFEET ADDRESS				STREET AD	OPRESS 1405	14057 Glenkyon Court				
CITY-ST-ZIP	DELRAY BEACH, FL 33446					Delray Beach, FL 33446				
INTE	CFO Detate				vice	vice President ICFO Thenge Addition				
NAME	GAINES, COLLEEN E				Gair	Gaines, Colleen E			į	
STREET ADDRESS	[-: <u>-</u>				DRESS 437	Inlet Roa	d		į	
CITY-ST-ZIP NORTH PALM BEACH, FL 33408				CITY-ST-2	Nor Nor	th Palm B	each, FL 3	13408		
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NAME PROFES ADORESO				NAME			UUU5	#14D443 02_012 ***	5 oc	
STREET ADORESS CHY-ST-ZIP	-			STREET AD		0873	1702010	914U445 02012 **6	11.2.4	
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STREET ADDRESS	Ì			STREET AD	IDRESS					
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name Street adoress			☐ Delate	NAME STREET AD	1					
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET AD CITY-S1-2	ZIP					
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