

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109561

FILED  
Apr 19, 2005  
Secretary of State

**Entity Name:** SUN COAST HOME CARE SERVICES, INC.

**Current Principal Place of Business:**

20020 VETERANS BLVD., STE. 16  
PORT CHARLOTTE, FL 33954

**New Principal Place of Business:**

20020 VETERANS BLVD., STE. 17  
PORT CHARLOTTE, FL 33954

**Current Mailing Address:**

20020 VETERANS BLVD., STE. 16  
PORT CHARLOTTE, FL 33954

**New Mailing Address:**

20020 VETERANS BLVD., STE. 17  
PORT CHARLOTTE, FL 33954

**FEI Number:** 06-1710963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ATHENS, JANELLE M  
3448 DEPEW AVE.  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LATHERS, JULITA E  
Address: 4300 POINT CT.  
City-St-Zip: PORT CHARLOTTE, FL 33948

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JULITA E LATHERS

PRES

04/19/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date