

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111731

FILED  
May 05, 2004  
Secretary of State

**Entity Name:** LUZ MARY MONTOYA HOME HEALTH SERVICES, P.A.

**Current Principal Place of Business:**

4051 BOLINAS CT  
ORLANDO, FL 32817

**New Principal Place of Business:**

3441 DIAMOND LEAF LANE  
OVIEDO, FL 32766

**Current Mailing Address:**

4051 BOLINAS CT  
ORLANDO, FL 32817

**New Mailing Address:**

3441 DIAMOND LEAF LANE  
OVIEDO, FL 32766

**FEI Number:**  **FEI Number Applied For ( )**  **FEI Number Not Applicable (X)**  **Certificate of Status Desired ( )**

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

MONTOYA, LUZ M  
4051 BOLINAS CT  
ORLANDO, FL 32817 US

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

HALPIN, PATRICK T  
3441 DIAMOND LEAF LANE  
OVIEDO, FL 32766 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: PATRICK T. HALPIN

05/05/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: DP  Delete  
Name: MONTOYA, LUZ M  
Address: 4051 BOLINAS CT  
City-St-Zip: ORLANDO, FL 32817

Title: DVP  Delete  
Name: HALPIN, PATRICK T  
Address: 4051 BOLINAS CT  
City-St-Zip: ORLANDO, FL 32817

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

Title: DP  Change ( ) Addition  
Name: MONTOYA, LUZ M  
Address: 3441 DIAMOND LEAF LANE  
City-St-Zip: OVIEDO, FL 32766

Title: DVP  Change ( ) Addition  
Name: HALPIN, PATRICK T  
Address: 3441 DIAMOND LEAF LANE  
City-St-Zip: OVIEDO, FL 32766

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: PATRICK T. HALPIN

DVP

05/05/2004

Electronic Signature of Signing Officer or Director

Date