2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005
Secretary of State

DOCUMENT# P03000115407

Entity Name: AXIS HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

5200 N FEDERAL HWY
FT LAUDERDALE, FL 33308 US

New Principal Place of Business:

5200 N FEDERAL HWY
2
FT LAUDERDALE, FL 33308 US

Current Mailing Address:

5200 N FEDERAL HWY
FT LAUDERDALE, FL 33308 US

New Mailing Address:

5200 N FEDERAL HWY
2
FT LAUDERDALE, FL 33308 US

FEI Number: 80-0079869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MERRA, MARIA
5200 N FEDERAL HWY
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

MERRA, MARIA
5200 N FEDERAL HWY
2
FT. LAUDERDALE, FL 33308 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: MARIA MERRA 05/10/2005
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: P ( ) Delete
Name: RUGGLES, PAUL
Address: 3801 HARVARD AVE
City-St-Zip: NEWBURGH HTS, OH 441045 US

Title: D ( ) Delete
Name: RUGGLES, PAUL
Address: 3801 HARVARD AVE
City-St-Zip: NEWBURGH HTS, OH 44105 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARIA MERRA M 05/10/2005
Electronic Signature of Signing Officer or Director Date