

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 28, 2004 8:00 am
Secretary of State**

07-28-2004 90022 045 ***150.00

DOCUMENT # P04000000013		
1. Entity Name MEDI-PRO HOME-CARE SERVICES, INC.		

Principal Place of Business 7330 WEST 20TH AVE MIAMI LAKES, FL 33016	Mailing Address 7330 WEST 20TH AVE MIAMI LAKES, FL 33016
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2. Principal Place of Business 1330 W. 20 Ave	3. Mailing Address Suite, Apt. #, etc.		
	Suite, Apt. #, etc.		
City & State Miami Lakes, FL	City & State		
Zip 33016	Country Miami - DADE	Zip	Country

6. Name and Address of Current Registered Agent COSTA, HELEN C ESQ 7330 WEST 20TH AVE MIAMI LAKES, FL 33016	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL
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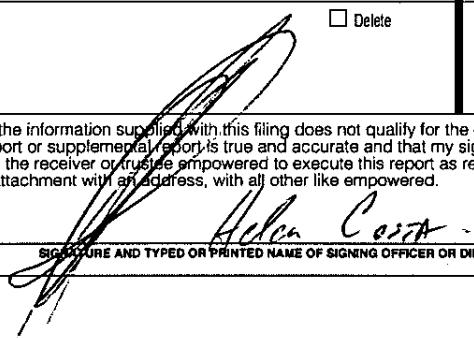
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, HELEN C 7330 WEST 20TH AVE MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

44050206



07202004 Chg-P CR2E034 (10/03)

Attachment
44050206

July 20th, 2004

VIA CERTIFIED MAIL RRR#: 70031680000069914976

Division of Corporations
PO Box 6198
Tallahassee, Florida 32314-6198

RE: Medi-Pro Home-Care Services, Inc.
Po4000000013

Dear Representative:

As per the instructions of one of your staff, I am sending you my 2004-Annual Report along with a check in the amount of \$150.00. As I explained to your Representative, I did not receive any notification from the Florida Department of State. He advised that I send a request in writing for a waiver to avoid any late fees.

If there are any problems, please contact me immediately.

Thank you,

Helen C. Costa, Esq.