

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000012156

FILED
Feb 24, 2005
Secretary of State

Entity Name: AMERICARE HOME THERAPY, INC.

Current Principal Place of Business:

3449 WORLD CT
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

3449 WORLD CT
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 32-0103139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, TOM
3449 WORLD CT
JACKSONVILLE, FL 32277 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: PTD () Delete
Name: GIBSON, TOM
Address: 3449 WORLD CT
City-St-Zip: JACKSONVILLE, FL 32277

Title: VSD () Delete
Name: HICKS, ANTHONY
Address: 1768 BEACH AVENUE
City-St-Zip: ATLANTIC BEACH, FL 32233

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: THOMAS D. GIBSON

PTD

02/24/2005

Electronic Signature of Signing Officer or Director

Date