2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013236

FILED Jan 05, 2007 Secretary of State

Entity Name: CJT HOME HEALTH, INC. **Current Principal Place of Business: New Principal Place of Business:** % CHRISTINE CALDWELL 2159 SIOUX DR SARASOTA, FL 34239 **Current Mailing Address: New Mailing Address:** % CHRISTINE CALDWELL 2159 SIOUX DR SARASOTA, FL 34239 FEI Number: 20-0623674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: APPROVED HOME HEALTH 4148 20TH STREET WEST BRADENTON, FL 34205 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: THOMAS A. PALMER 01/05/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CALDWELL, CHRISTINE A Name: Name: 2159 SIOUX DR. Address: Address: City-St-Zip: SARASOTA, FL 34239 US City-St-Zip: () Delete Title: MR. Title: () Change () Addition Name: PALMER, THOMAS A Name: 2159 SIOUX DR. Address: Address: SARASOTA, FL 34239 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

VΡ SIGNATURE: THOMAS A. PALMER 01/05/2007