

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018436

Entity Name: ISIS HOME HEALTH CARE, INC.

FILED
Mar 08, 2007
Secretary of State

Current Principal Place of Business:

C/O TRI-BOROUGH HOME CARE LTD
4048 EVANS AVE, SUITE 210
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

C/O TRI-BOROUGH HOME CARE LTD
4048 EVANS AVE, SUITE 210
FORT MYERS, FL 33901

New Mailing Address:

C/O TRI-BOROUGH HOME CARE LTD
883 FLATBUSH AVENUE
BROOKLYN, NY 11226

FEI Number: 13-4274414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANDOLPH, MICHAEL D ESQ
1619 JACKSON STREET
FT. MYERS, FL 33901 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: D () Delete
Name: CORT, KENRICK
Address: 883 FLATBUSH AVE UPPER LEVEL
City-St-Zip: BROOKLYN, NY 11226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: KENRICK CORT

CEO

03/08/2007

Electronic Signature of Signing Officer or Director

_____ Date