2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# P04000023872

Entity Name: HOME CARE OF PINELLAS, INC.

Current Principal Place of Business:

11437 30 COVE E
PARRISH, FL 34219

New Principal Place of Business:

1801 NORTH BELCHER ROAD
CLEARWATER, FL 33765

Current Mailing Address:

11437 30 COVE E
PARRISH, FL 34219

New Mailing Address:

1801 NORTH BELCHER ROAD
CLEARWATER, FL 33765

FEI Number: 20-0893276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

WALTERS, DOUGLAS C
11437 30TH COVE EAST
PARRISH, FL 34219 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: DOUGLAS C. WALTERS 05/02/2005
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: DPST ( ) Delete
Name: WALTERS, DOUGLAS C
Address: 11437 30 COVE E
City-St-Zip: PARRISH, FL 34219

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: WALTERS, DOUGLAS C
Address: 11437 30TH COVE E
City-St-Zip: PARRISH, FL 34219

Title: VP ( ) Change (X) Addition
Name: EKREN, YALCIN
Address: 3061 DOXBERRY COURT
City-St-Zip: CLEARWATER, FL 33761

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: DOUGLAS C. WALTERS P 05/02/2005
Electronic Signature of Signing Officer or Director Date