2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000037413



FILED Apr 09, 2007 8:00 am Secretary of State 04-09-2007 90044 035 ***150.00

1. Entity Name HOME HEALTH AGENCY - COLLIER, INC.						04-09-2007	1.	30.00
Principal Place of Business 27499 RIVERVIEW CENTER BLVD. SUITE 203 BONITA SPRINGS, FL 34134 Mailing Address 11780 W SAMPLE RD SUITE 105 CORAL SPRINGS, FL 33065						2111 010 11 00111 06111 6611		
2. Principal Place of Business · No P.O. Box # 3. Mailing Address 38 BANKLEY CIRCLE						<u> </u>		
Suite, Apt. مدر	#, etc. T #	Suite, Apt. #, etc.			01092007	Chg-P	CR2E034 (12/06)	
City & State	e	City & State			4. FEI Number 20-0832			oplied For ot Applicable
Zip	Country ,	Zìp	Country	,		of Status Desired	\$8.75 Add	litional
339	Registered Agent	7. Name and Address of New Registered Agent			· · · · · · · · · · · · · · · · · · ·	a		
PORTNOY	(FRED			Name				
PORTNOY, FRED 11780 W. SAMPLE ROAD SUITE 105				Street Address (P.O. Box Number is Not Acceptable)				
CORAL SE	PRINGS, FL 33065			City			Tip Cod	
The above named entity submits this statement for the purpose of changing its register.				City FL Zip Code				
	named entity submits this statement to ions of registered agent.	or the purpose of changing its	s registered	office or register	red agent, or both	i, in the State of Fic	orida. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E Registered A	gent signature required	d when reinstating)		DATÉ	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa OO Trust Fund Con			.00 May Be led to Fees			
After Ma	ay 1, 2007 Fee will be \$550. OFFICERS AND	OO Trust Fund Con	tribution.		led to Fees	CHANGES TO OFF	ICERS AND DIRECTORS	
After Ma	ay 1, 2007 Fee will be \$550. OFFICERS AND PRES	00 Trust Fund Con	11.		led to Fees	CHANGES TO OFF	ICERS AND DIRECTORS	S IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: MITCHELL WALLICE, C. FO.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR