## 2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000039197 Entity Name HOME HEALTH AGENCY - TEXAS, INC.

## FILED Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90331 034 \*\*\*150.00

Principal Place of Business 112 BEDFORD ROAD SUITE 116 BEDFORD, TX 76022		Mailing Address 11780 WEST SAMPLE RD. STE. 105 CORAL SPRINGS, FL 33065			I <b>Ba</b> iri Bibih B <b>r</b> ill Dairi B	5001	_	_	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092006	Chg-P	CR2E034 (1	1/05)	
City & State		City & State		****	4. FEI Numb 20-083				oplied For
Zip	Country	Zip	Country		1	of Status Desired		75 Add	ditional
	6. Name and Address of Current F	legistered Agent	1		7. Name and	Address of New	Registered Agent		
	-		Name			·····			
PORTNOY 11780 W. S SUITE 105	SAMPLE ROAD		Street	Street Address (P.O. Box Number is Not Ac			ole)		
CORAL SPRINGS, FL 33065					***				*
	,		City			W 8-1	FL Z	ip Code	<del></del>
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office	or register	ed agent, or bo	th, in the State of f	Florida. I am familia	r with,	and accept
CICNIATURE									
SIGNATURE				nature required	when reinstating)	****	DATE		
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0			<b>\$5.</b> □ Adde	00 May Be ed to Fees				
10.	OFFICERS AND D		11.			CHANGES TO OF	FICERS AND DIRE	CTORS	3 IN 11
TITLE	PRES	· 🔲 Delete	TITLE		FCTOR	4/		hange	Addition
NAME NAGPAL, BEENA STREET ADDRESS 11780 W. SAMPLE ROAD, SUITE 10		105	NAME STREET ADDRESS	NALI	PAL NAK	183M	AD SUITE	,_	
CITY-ST-ZIP	· • • • • • • • • • • • • • • • • • • •		CITY-ST-ZIP	1178	10, 10, 15.	AMILE RO	33-15	10	3
TITLE	VP	☐ Delete	TITLE		AL STAIL	abs, FL		hange	☐ Addition
NAME	CLARK, TRACY	L Boicig	NAME					nange	Addition
STREET ADDRESS	SSS 11780 W. SAMPLE ROAD, SUITE 105 STR			:					
CITY - ST - ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP						
TITLE	SEC	☐ Delete	TITLE				□ C	hange	☐ Addition
NAME	PORTNOY, FRED	405	NAME						
STREET ADDRESS CITY-ST-ZIP	11780 W. SAMPLE ROAD, SUITE CORAL SPRINGS, FL 33065	105	STREET ADDRESS CITY-ST-ZIP	·					
· · · · · · · · · · · · · · · · · · ·	COTOL 371(1103, 1 E 33003	T No.	_						
TITLE NAME		Delete	TITLE NAME				□ C	nange	☐ Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					hange	Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS	1					
CITY-ST-ZIP			CITY-ST-ZIP	1					
TITLE		☐ Delete	TITLE	1			□ c	nange	☐ Addition
NAME STREET ADDRESS			NAME Street Address	. [					
CITY-ST-ZIP	^		CITY-ST-ZIP	1					
	ertify that the information supplied with t	his filing does not qualify fo		contained	in Chapter 119	ı. Florida Statutes	I further certify tha	t the in	formation

upping with this hing does not quality for the exemptions contained in Chapter 119, Florida Statutes. Floring cours in that the information that 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 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 indicated on this report or supplement of the corporation or the receives or changed, or on an attachment with other like empowered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED FEB

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