


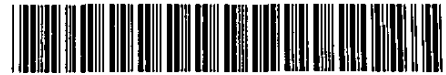
2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90001 026 ***550.00

DOCUMENT # P04000045549		
1. Entity Name PRO-LIFE HOME HEALTH SERVICES INC.		

Principal Place of Business 7461 NW 8 ST MIAMI FL 33126	Mailing Address 7461 NW 8 ST MIAMI FL 33126
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2. Principal Place of Business 7461 NW 8 Street	3. Mailing Address 7461 NW 8 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E034 (5/05)

City & State Miami Florida	City & State Miami Florida	4. FEI Number 113714622	Applied For Not Applicable
Zip 33126	Country USA	Zip 33126	Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ, MARISEL 1412 SW 82 CT MIAMI FL 33144	7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marisel Rodriguez DATE 7/29/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARISEL 1412 SW 82 CT MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Marisel Rodriguez DATE 7/29/05 7816 388 4883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR