2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072015

Entity Name: PREFERRED CARE HOME HEALTH SERVICES, INC.

FILED Apr 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10701 S.W. 27 ST 9085 SW 87TH AVENUE MIAMI, FL 33165

SUITE 208 MIAMI, FL 33176

Current Mailing Address: New Mailing Address:

10701 S.W. 27 ST 9085 SW 87TH AVENUE MIAMI, FL 33165 SUITE 208

MIAMI, FL 33176

FEI Number: 13-4280982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MELLEY, VIVIAN C MELLEY, VIVIAN C 9085 SW 87TH AVENUE 10701 S.W. 27 ST MIAMI, FL 33165 US SUITE 208 MIAMI, FL 33176 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: 04/05/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MELLEY, VIVIAN C MELLEY, VIVIAN C Name: Name: 10701 S.W. 27 ST 9085 SW 87TH AVENUE SUITE 208 Address: Address:

City-St-Zip: MIAMI, FL 33165 City-St-Zip: MIAMI, FL 33176

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 Statutés. 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: VIVIAN C MELLEY PD 04/05/2005