2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P04000072542

Entity Name: MUTUAL CARE HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

11865 SW 26TH STREET
SUITE G7
MIAMI, FL 33175

New Principal Place of Business:

1150 NW 72ND AVENUE
SUITE 451
MIAMI, FL 33126

Current Mailing Address:

11865 SW 26TH STREET
SUITE G7
MIAMI, FL 33175

New Mailing Address:

1150 NW 72ND AVENUE
SUITE 451
MIAMI, FL 33126

FEI Number: 20-1100030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALONSO, SARESKA
6363 SW 158TH AVENUE
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NECUZE, LEONOR
Address: 11865 SW 26TH STREET
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NECUZE, LEONOR
Address: 1150 NW 72ND AVENUE, SUITE 451
City-St-Zip: MIAMI, FL 33126

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: LEONOR NECUZE D 04/29/2005

Electronic Signature of Signing Officer or Director Date