

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000077123

**FILED**  
**Aug 05, 2005**  
**Secretary of State**

**Entity Name:** FIRST CHOICE HOME HEALTH, INC.

**Current Principal Place of Business:**

1499 FOREST HILL BLVD.  
SUITE 109  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

1499 FOREST HILL BLVD.  
SUITE 109  
WEST PALM BEACH, FL 33406 US

**New Mailing Address:**

**FEI Number:** 42-1636854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOLL, LISA A CEO  
1499 FOREST HILL BLVD.  
SUITE 109  
WEST PALM BEACH, FL 33406 US

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

NOLL, LISA A PRES  
1499 FOREST HILL BLVD.  
SUITE 109  
WEST PALM BEACH, FL 33406 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: LISA A NOLL

08/05/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEE, DEBRA A  
Address: 1499 FOREST HILL BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: D ( ) Delete  
Name: NOLL, LISA A  
Address: 1499 FOREST HILL BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: NOLL, LISA A PRES  
Address: 1499 FOREST HILL BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: SEC (X) Change ( ) Addition  
Name: LEE, DEBRA A SEC  
Address: 1499 FOREST HILL BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: TRES ( ) Change (X) Addition  
Name: MADIGAN, MURPHY E TRES  
Address: 1499 FOREST HILL BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33406 US

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: LISA A NOLL

PRES

08/05/2005

Electronic Signature of Signing Officer or Director

Date