2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006
Secretary of State

DOCUMENT# P04000081281

Entity Name: MIAMI BEACH HOME CARE, INC.

Current Principal Place of Business:

4575 VIA ROYALE
SUITE 214
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

4575 VIA ROYALE
SUITE 214
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 74-3123184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRICE, KELLEY G
COHEN & GRIGSBY, P.C.
27200 RIVERVIEW CENTER BLVD, SUITE 309
BONITA SPRINGS, FL 34134 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: PD (X) Delete
Name: RODGERS, MARK
Address: 4575 VIA ROYALE SUITE 214
City-St-Zip: FT. MYERS, FL 33919

Title: D ( ) Delete
Name: JONES, COURTNEY
Address: 826 CAL COVE DRIVE
City-St-Zip: FT. MYERS, FL 33919

Title: D ( ) Delete
Name: BEASLEY, BRIAN
Address: 221 BAYFRONT DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete
Name: BEASLEY, ROBERT
Address: 2055 NE 204TH STREET
City-St-Zip: NORTH MIAMI, FL 33179

Title: VD ( ) Delete
Name: BARTLOW, VICKI L VP
Address: 4575 VIA ROYALE, #214
City-St-Zip: FT. MYERS, FL 33919

Title: SD ( ) Delete
Name: WUNDERLICH, PAULA SEC.
Address: 4575 VIA ROYALE, #214
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PAULA WUNDERLICH SC 03/31/2006
Electronic Signature of Signing Officer or Director — Date