

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 1. Entity Name <u>PD4000083505</u>				DOCTORS BEST CHOICE HOME HEALTH CARE INC	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 929 GREENBRIAR DR Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State BOYNTON BEACH, FL			City & State		
Zip 33435		Country		4. FEI Number 75-3168720	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name SALVATORE CARRERA	
				Street Address (P.O. Box Number is Not Acceptable) 929 GREENBRIAR DR	
				City BOYNTON BEACH	
FL		Zip Code 33435			
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		SALVATORE CARRERA PRESIDENT			4/3/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PRESIDENT SALVATORE CARRERA 929 GREENBRIAR DR BOYNTON BEACH FL 33435		11. TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000543674 05/11/06-80003-006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VICE PRESIDENT SUSAN CARRERA 929 GREENBRIAR DR BOYNTON BEACH FL 33435			
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **SALVATORE CARRERA** **4/3/2005** **561-374-9998**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #