

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90042 035 ***150.00

DOCUMENT # P04000091488	
1. Entity Name BOCA HOME CARE, INC.	

Principal Place of Business 301 CRAWFORD BOULEVARD BOCA RATON, FL 33432	Mailing Address 301 CRAWFORD BOULEVARD BOCA RATON, FL 33432
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40021040

2. Principal Place of Business - No P.O. Box # 4700 NW 2nd Ave	3. Mailing Address 4700 NW 2nd Ave.
Suite, Apt. #, etc. 400	Suite, Apt. #, etc. 400

City & State Boca Raton FL	City & State Boca Raton FL
Zip 33431	Zip 33431
Country US	Country US



02102007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1243746	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BENSMIHEN, JOSEPH 301 CRAWFORD BOULEVARD BOCA RATON, FL 33432	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4700 NW 2nd Avenue #400 City Boca Raton FL Zip Code 33431	
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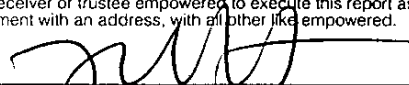
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSMIHEN, JOSEPH 301 CRAWFORD BOULEVARD BOCA RATON, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4700 NW 2nd Ave. #400 Boca Raton FL 33431 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #