# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000096964

**Entity Name:** REGAL HOME HEALTH OF BROWARD, INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
| --- | --- |
| 16244 S. MILITARY TRAIL STE 450<br>DELRAY BEACH, FL 33484 | 2501 WEST HILLSBORO BLVD<br>106<br>DEERFIELD BEACH, FL 33442 |
| **Current Mailing Address:** | **New Mailing Address:** |
| 16244 S. MILITARY TRAIL STE 450<br>DELRAY BEACH, FL 33484 | 16244 S. MILITARY TRAIL STE 310<br>DELRAY BEACH, FL 33484 |

FEI Number: 55-0877781    FEI Number Applied For ( )    FEI Number Not Applicable ( )    Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
| --- | --- |
| ANDRE, FERIAL<br>16244 S. MILITARY TRAIL STE 450<br>DELRAY BEACH, FL 33484    US | ANDRE, FERIAL<br>16244 S. MILITARY TRAIL STE 320<br>DELRAY BEACH, FL 33484    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: _____    04/26/2007 _____

       Electronic Signature of Registered Agent                Date

**Election Campaign Financing Trust Fund Contribution ( ).**

| **OFFICERS AND DIRECTORS:** | **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:** |
| --- | --- |
| Title: PVST ( ) Delete<br>Name: ANDRE, FERIAL<br>Address: 16244 S. MILITARY TRAIL STE 450<br>City-St-Zip: DELRAY BEACH, FL 33484 | Title: ( ) Change ( ) Addition<br>Name:<br>Address:<br>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: FERIAL ANDRE                 PVST       04/26/2007

       Electronic Signature of Signing Officer or Director                Date