2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100030

Entity Name: SIGNATURE HOMECARE, INC

FILED Sep 08, 2005 Secretary of State

		CE FIGWIEG/ (ICE, IIVE).			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ORCHID BAY D Y, FL 34990	R			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ORCHID BAY D Y, FL 34990	R			
FEI Number: 20-1376195		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	AIG ORCHID BAY D Y, FL 34990	R US			
	e named entity s e of Florida.	ubmits this statement for the	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPS () AHAL, CRAIG 5441 SW ORCH PALM CITY, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVT () YANCEY, PATRI 4836 SW BERM PALM CITY, FL	UDA WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CRAIG R. AHAL DIR 09/08/2005