

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103557

FILED
Apr 16, 2007
Secretary of State

Entity Name: MACADAMS HOME HEALTH AGENCY INC.

Current Principal Place of Business:

2717 SOUTHEAST MORNING SIDE BOULEVARD
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

2717 SOUTHEAST MORNINGSIDE BOULEVARD
PORT ST. LUCIE, FL 34952

Current Mailing Address:

2717 SOUTHEAST MORNING SIDE BOULEVARD
PORT ST. LUCIE, FL 34952

New Mailing Address:

2717 SOUTHEAST MORNINGSIDE BOULEVARD
PORT ST. LUCIE, FL 34952

FEI Number: 04-3794486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGUS, IVOR A DR
1011 NW FRESCO WAY
108
JENSEN BEACH, FL 34952 US

Name and Address of New Registered Agent:

ANGUS, IVOR A DR
9639 ENCLAVE CIRCLE
PORT ST. LUCIE, FL 34952 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:

04/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANGUS, IVOR
Address: 2717 SOUTHEAST MORNING SIDE BOULEVARD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VD () Delete
Name: MCBEAN, DESIREE
Address: 2717 SOUTHEAST MORNING SIDE BOULEVARD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ST () Delete
Name: CRANDON, EVELYN
Address: 2717 SOUTHEAST MORNING SIDE BOULEVARD
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANGUS, IVOR
Address: 9639 ENCLAVE CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VD (X) Change () Addition
Name: MCBEAN, DESIREE
Address: 8057 LINKS WAY
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: ST (X) Change () Addition
Name: CRANDON, EVELYN
Address: 6982 NW JORGENSEN ROAD
City-St-Zip: PORT ST. LUCIE, FL 34983

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: IVOR ANGUS

DR.

04/16/2007

Electronic Signature of Signing Officer or Director

Date