

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000104820

1. Entity Name
K & D HOME HEALTH CARE CORP.



Principal Place of Business
**4330 W BROWARD BLVD.
SUITE O
PLANTATION, FL 33317**

Mailing Address
**4330 W BROWARD BLVD.
SUITE O
PLANTATION, FL 33317**



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0272282

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DENTON, NORMA F
4330 W BROWARD BLVD.
SUITE O
PLANTATION, FL 33317**

**DO NOT WRITE
IN THIS SPACE**

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

Noema F Denton
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE **4/14/08**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.. ☐ **\$5.00 May Be
Added to Fees**

U000000904478
05/01/08 00014 013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENTON, NORMA F 4330 W BROWARD BLVD. PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'CONNOR, VERONICA 22031 ALTONA DRIVE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACMILLAN, MARTHA B 4330 W BROWARD BLVD., SUITE O PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Noema F Denton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #