



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90167 015 ***150.00

DOCUMENT # P04000113988 1. Entity Name JEWISH FLORIDA HOME CARE, INC.					
Principal Place of Business 9734 W SAMPLE RD CORAL SPRINGS, FL 33065				Mailing Address 9734 W SAMPLE RD CORAL SPRINGS, FL 33065	
2. Principal Place of Business 5950 W. OAKLAND PARK BLVD Suite, Apt. #, etc. 209		3. Mailing Address 5950 W. OAKLAND PARK BLVD Suite, Apt. #, etc. 209			
City & State LAUDERHILL, FL Zip 33313		City & State LAUDERHILL, FL Zip 33313		03062005 Chg-P CR2E034 (10/03) 4. FEI Number 20-2359497 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROLNICK, HERBERT H 9734 W SAMPLE RD CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name JUDY ROTHER Street Address (P.O. Box Number is Not Acceptable) 5950 W. OAKLAND PARK BLVD SUITE 209 City LAUDERHILL FL Zip Code 33313	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ROLNICK, HERBERT H STREET ADDRESS 9734 W SAMPLE RD CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete		TITLE PRES, DIR NAME JUDY ROTHER STREET ADDRESS 4706 QUEEN PALM LANE CITY-ST-ZIP TAMARAC, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VICE-PRES, DIR NAME RITA MILNER STREET ADDRESS 1854 NW 106TH TERR CITY-ST-ZIP PLANTATION, FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE SEC, DIR NAME DAVID MILNER STREET ADDRESS 1854 NW 106TH TERR CITY-ST-ZIP PLANTATION, FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE TREAS, DIR NAME JOSEPH ROTHER STREET ADDRESS 4706 QUEEN PALM LANE CITY-ST-ZIP TAMARAC, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Judith A Rother</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3.30.05</u> Daytime Phone # <u>954-485-4006</u>		