

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115797

FILED
Feb 26, 2008
Secretary of State

Entity Name: PRECISION HOME HEALTH CARE, INC.

Current Principal Place of Business:

26540 ACE AVE STE 101
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

26540 ACE AVE STE 101
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 27-0099688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREITAG, SARAH
26540 ACE AVE STE 101
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: FREITAG, SARAH
Address: 26340 ACE AVE, SUITE 101
City-St-Zip: LEESBURG, FL 34748

Title: VPD () Delete
Name: WILKES, GEORGE R.
Address: 26540 ACE AVE, SUITE 101
City-St-Zip: LEESBURG, FL 34748

Title: ST (X) Delete
Name: GARTLAND, LISA
Address: 26540 ACE AVE, SUITE 101
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: FREITAG, SARAH
Address: 26540 ACE AVE, SUITE 101
City-St-Zip: LEESBURG, FL 34748

Title: ST (X) Change () Addition
Name: GARTLAND, LISA
Address: 26540 ACE AVE, SUITE 101
City-St-Zip: LEESBURG, FL 34748

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SARAH FREITAG

PCD

02/26/2008

Electronic Signature of Signing Officer or Director

Date