FILED
Apr 23, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000119344

1. Entity Name
PROCARE HOME HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
4800 BEACH BLVD SUITE 1 JACKSONVILLE, FL 32207	4800 BEACH BLVD. SUITE 1 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

04162007 No Chg-P CR2E034 (11/06)

4. FEI Number
13-4285896
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, KIMBERLY A
4800 BEACH BLVD. SUITE 1
JACKSONVILLE, FL 32207

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.

X SIGNATURE: K Thompson 9042197318
Signature required if changing registered agent (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PR
NAME	THOMPSON, KIMBERLY
STREET ADDRESS	4800 BEACH BLVD SUITE 1
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VP
NAME	LUISSER, MARGE
STREET ADDRESS	4562 OAKBROOKE CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	SEC
NAME	THOMPSON, KIMBERLY
STREET ADDRESS	4800 BEACH BLVD. SUITE 1
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	TRES
NAME	LUISSER, MARGE
STREET ADDRESS	4562 OAKBROOKE CT
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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05/02/07-80040-023 150.00

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 an attachment with an address, with all other like empowered.

X SIGNATURE: K Thompson 4/16/07 9042197318
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date Daytime Phone #