2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 10, 2006 8:00 am Secretary of State

DOCUMENT # P04000127512 1. Entity Name HOME HEALTH AGENCY - OKLAHOMA CITY, INC.								04-10-2006	6 90341 (048 ***15	50.00	
Principal Place of Business 5400 N. GRAND BLVD. SUITE 145 OKLAHOMA CITY, OK 73112			Mailing Address 11780 W SAMPLE RD SUITE 105 CORAL SPRINGS, FL 33065					### # ################################				
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01092006	Chg-P	CR2E0	34 (11/05)		
City & State			City & State				4. FEI Number 20-1606	852		<u>``</u>	plied For t Applicable	
Zip Country		Zip	Country			5. Certificate of	Status Desired		\$8.75 Add Fee Required			
	6. Name	and Address of Curren	t Registered Agent				7. Name and A	ddress of New R	legistered A	\gent		
					Name							
PORTNOY, FRED 11780 W. SAMPLE ROAD					Street Ad	ldress (F	ss (P.O. Box Number is Not Acceptable)					
SUITE 105 CORAL SPRINGS, FL 33065												
·					City				FL	!		
	named entity ions of regist		for the purpose of changir	ng its register	red office or	register	ed agent, or both	, in the State of Flo	orida. I am I	amiliar with,	and accept	
S[GNATURE_	Signature typed	or printed name of registered age	nt and title if applicable.	(NOTE: Register)	ed Agent signatur	re required	when reinstating)		DATE			
	E NOW!!!	FEE IS \$150.00 5 Fee will be \$550	9. Election Ca	ampaign Fina Contribution			00 May Be ed to Fees	10000				
10.		OFFICERS ANI	DIDECTORS	11.								
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I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Orapler 113, hinded colours for the formation 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 of the corporation of the receiver of the rece

SIGNATURE: _

E OF SIGNING OFFICER OR DIRECTOR