



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90004 011 ***150.00

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DOCUMENT # P04000128459 1. Entity Name AMERICARE HOME HEALTH SERVICES, INC.					
Principal Place of Business 2671 AIRPORT ROAD SOUTH STE 302 NAPLES, FL 34102			Mailing Address 2671 AIRPORT ROAD SOUTH STE 302 NAPLES, FL 34102		
2. Principal Place of Business 671 Goodlette Rd. N. Suite, Apt. #, etc. Suite 240		3. Mailing Address 671 Goodlette Rd. N. Suite, Apt. #, etc. Suite 240			
City & State Naples, Florida		City & State Naples, Florida		4. FEI Number 75-3168709	
Zip 34102 Country USA		Zip 34102 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOUGH, MARLENE J C/O JOSEPH D. STEWART, ESQUIRE 2671 AIRPORT SOUTH STE 302 NAPLES, FL 34112				7. Name and Address of New Registered Agent Name Kern, Marlene J. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Marlene J. Kern</u> <u>Marlene J. Kern</u> <u>1/5/05</u> <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 <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUGH, MARLENE 2671 AIRPORT ROAD SOUTH STE 302 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kern, Marlene 671 Goodlette Rd. N., Ste 240 Naples, FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HOUGH, MARLENE 2671 AIRPORT ROAD SOUTH STE 302 NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Stewart, Louise 671 Goodlette Rd. N., Ste 240 Naples, FL 34102 <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	Secretary/Treasurer Markisen, Suzanne 671 Goodlette Rd. N., Ste 240 Naples, FL 34102 <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		
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		
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>Marlene Kern</u> Marlene Kern			<u>1/5/2005</u> 239-261-0313 <small>Date Daytime Phone #</small>		