

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90044 034 \*\*\*150.00

|                                                      |  |
|------------------------------------------------------|--|
| DOCUMENT # P04000138526                              |  |
| 1. Entity Name<br>HOME HEALTH AGENCY - HOUSTON, INC. |  |



|                                                                                        |                                                                                  |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business<br>6750 WEST LOOP SOUTH<br>SUITE 500<br>BELLAIRE, TX 77401 | Mailing Address<br>11780 WEST SAMPLE RD.<br>SUITE 105<br>CORAL SPRINGS, FL 33065 |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

|                                                                          |                     |
|--------------------------------------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box #<br>12555 - A GULF FREEWAY | 3. Mailing Address  |
| Suite, Apt. #, etc.<br>SUITE 100                                         | Suite, Apt. #, etc. |
| City & State<br>HOUSTON, TX                                              | City & State        |
| Zip<br>77034                                                             | Country             |



03202007 Chg-P CR2E034 (12/06)

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>20-1722912                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|                                                                                                                                |                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br>PORTNOY, FRED<br>11780 W. SAMPLE RD<br>SUITE 105<br>CORAL SPRINGS, FL 33065 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

|                                                                       |                                                                                                                 |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRES<br>NAGPAL, BEENA<br>11780 W. SAMPLE ROAD, SUITE 105<br>CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>CLARK, TRACY<br>11780 W. SAMPLE ROAD<br>CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SEC<br>PORTNOY, FRED<br>11780 W. SAMPLE ROAD, SUITE 105<br>CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NAGPAL, NARESH<br>11780 W SAMPLE ROAD, SUITE 105<br>CORLA SPRINGS, FL 33065 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHELL WALLACE M. MITCHELL WALLACE, CEO 1/3/07 (954) 753-4883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #