


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90225 021 ***158.75

DOCUMENT # P04000159721 1. Entity Name FLORIDA HOUSING HEALTH CARE, INC.	
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Principal Place of Business 534 DATURA STREET WEST PALM BEACH, FL 33401	Mailing Address 534 DATURA STREET SUITE 420 WEST PALM BEACH, FL 33401
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04112006 No Chg-P CR2E034 (11/05)

4. FEI Number 83-0411962	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GREENBLATT, SANDRA 2 SOUTH BISCAYNE BLVD. SUITE 3500 MIAMI, FL 33131 DANIEL S. MANDEL c/o MANDEL, WEISMAN, HEIMBERG & BRODIE, P.A. 2101 CORPORATE BLVD., SUITE 300 BOCA RATON, FL 33431

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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: *[Signature]* DATE: 4/11/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLUCKSMAN, JOSEPH S 534 DATURA STREET WEST PALM BEACH, FL 33401
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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: *Joseph Glucksmann, President* DATE: 4/14/06 561-659-9330 x4.420

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

Joseph Glucksmann