2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 06, 2007 8:00 am
Secretary of State
04-06-2007 90034 045 ***158.75

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1. Entity Name
FLORIDA HOUSING HEALTH CARE, INC.

40051930

04042007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
534 DATURA STREET WEST PALM BEACH, FL 33401	534 DATURA STREET SUITE 420 WEST PALM BEACH, FL 33401
2. Principal Place of Business No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 83-0411962 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANDEL, DANIEL S ~~2101 CORPORATE BLVD SUITE 300~~ ~~BOCA RATON, FL 33431~~ 7251 W. Palmetto Park Rd, Suite 306 Boca Raton, FL. 33433	Name 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P GLUCKSMAN, JOSEPH S 534 DATURA STREET WEST PALM BEACH, FL 33401	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P Glucksman, Rory 534 Datura Street West Palm Beach, FL. 33401	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ 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: [signature] Rory Glucksman, Pres 4/02/07 561-659-9330 x.418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #