

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172019

FILED  
Jan 04, 2006  
Secretary of State

Entity Name: CAPRI HOME CARE-HILLBOROUGH, INC.

## Current Principal Place of Business:

28050 US 19 N.  
SUITE 202  
CLEARWATER, FL 33761

## New Principal Place of Business:

1412 W. WATERS AVENUE  
SUITE 204  
TAMPA, FL 33604

## Current Mailing Address:

28050 US 19 N.  
SUITE 202  
CLEARWATER, FL 33761

## New Mailing Address:

FEI Number: 65-1238897      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DECAMELLA, DAVID  
4845 DEER LODGE ROAD  
NEW PORT RICHEY, FL 34655      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: DECAMELLA, DAVID  
Address: 4845 DEER LODGE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VSD ( ) Delete  
Name: DECAMELLA, GENA  
Address: 4845 DEER LODGE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34655

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID DE CAMELLA

OWNE

01/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date