2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172019

Entity Name: CAPRI HOME CARE-HILLBOROUGH, INC

FILED Jan 16, 2007 Secretary of State

		IOME OF THE EBOTTOGOTT	, 1140.		
Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
1412 W. W SUITE 204 TAMPA, F		NUE	1908 W. BUSCH BLY SUITE B TAMPA, FL 33612	VD	
Current M	lailing Addre	ss:	New Mailing Addre	New Mailing Address:	
28050 US SUITE 202 CLEARWA		761	1908 W. BUSCH BLY SUITE B TAMPA, FL 33612	VD	
FEI Number:	: 65-1238897	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
4845 DEEI	LLA, DAVID R LODGE RC RT RICHEY, F				
	named entity e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DECAMELLA, 4845 DEER L		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DECAMELLA, 4845 DEER L		Title: Name: Address: City-St-Zip:	() Change () Addition	

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 DECAMELLA MGR 01/16/2007