

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000173137

Entity Name: E.HANNAH HEALTHCARE, INC.

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

5801 PELICAN BAY BLVD SUITE 300
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

5801 PELICAN BAY BLVD SUITE 300
NAPLES, FL 34108

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARY, MARY BETH M
5801 PELICAN BAY BLVD SUITE 300
NAPLES, FL 341082709 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Change (X) Addition
Name: ROBERTS, FREDERICK J DPST
Address: P.O. BOX 7008
City-St-Zip: NAPLES, FL 34101 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FREDERICK J. ROBERTS

DPST

05/01/2005

Electronic Signature of Signing Officer or Director

Date