

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000007548

FILED
Jul 30, 2006
Secretary of State

Entity Name: THE HERITAGE VISITING NURSE SERVICE, INC.

Current Principal Place of Business:

900 EAST ALFRED STREET
TAVARES, FL 32778

New Principal Place of Business:

2425 EAST HANNA AVENUE
TAMPA, FL 33610

Current Mailing Address:

900 EAST ALFRED STREET
TAVARES, FL 32778

New Mailing Address:

5615 OXFORD MOOR BOULEVARD
WINDERMERE, FL 34786

FEI Number: 20-2171773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DPT () Delete
Name: MACALINAO, LOUIE
Address: 900 EAST ALFRED STREET
City-St-Zip: TAVARES, FL 32778

Title: DVPS () Delete
Name: MACALINAO, CONNIE
Address: 900 EAST ALFRED STREET
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: MACALINAO, LOUIE
Address: 5615 OXFORD MOOR BOULEVARD
City-St-Zip: WINDERMERE, FL 34786

Title: DVPS (X) Change () Addition
Name: MACALINAO, CONNIE
Address: 5615 OXFORD MOOR BOULEVARD
City-St-Zip: WINDERMERE, FL 34786

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: LOUIE G. MACALINAO

PRES

07/30/2006

Electronic Signature of Signing Officer or Director

Date