

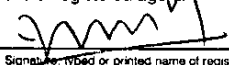
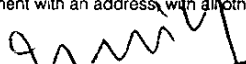


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90020 031 \*\*\*150.00

<b>DOCUMENT # P05000012998</b> 1. Entity Name <b>AT HOME HEALTH CARE OF FT. PIERCE, INC.</b>					
Principal Place of Business <b>2937 BEE RIDGE ROAD</b> <b>SUITE 9</b> <b>SARASOTA, FL 34239</b>			Mailing Address <b>2937 BEE RIDGE ROAD</b> <b>SUITE 9</b> <b>SARASOTA, FL 34239</b>		
2. Principal Place of Business <b>2506 Acorn Street</b> Suite, Apt. #, etc. <b>Suite C</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.			
City & State <b>Fort Pierce, FL</b>		City & State		4. FEI Number <b>37-1503665</b>	
Zip <b>34947</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WOLF, STUART</b> <b>2937 BEE RIDGE ROAD</b> <b>SUITE 9</b> <b>SARASOTA, FL 34239</b>				7. Name and Address of New Registered Agent Name <b>Navin Acharya</b> Street Address (P.O. Box Number is Not Acceptable) <b>2010 NE 45th Street</b> City <b>Ft. Lauderdale</b> <b>FL</b> Zip Code <b>33308</b>	
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  <b>NAVIN ACHARYA</b> - Secretary/Treasurer <b>09/11/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOLF, STUART R</b> <b>2937 BEE RIDGE ROAD SUITE 9</b> <b>SARASOTA, FL 34239</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Navin Acharya</b> <b>2010 NE 45th Street</b> <b>Ft. Lauderdale, FL 33308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			<b>09/11/06</b> <b>(954) 616-6014</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		