

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012998

FILED
Apr 26, 2007
Secretary of State

Entity Name: AT HOME HEALTH CARE OF FT. PIERCE, INC.

Current Principal Place of Business:

2506 ACORN ST
SUITE C
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

2506 ACORN ST
SUITE C
FORT PIERCE, FL 34947

New Mailing Address:

FEI Number: 37-1503665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACHARYA, NAVIA
2010 NE 45TH ST
FORT LAUDERDALE, FL 33308 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: ST () Delete
Name: ACHARYA, NAVIA
Address: 2010 NE 45TH ST
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NAVIN ACHARYA

ST

04/26/2007

Electronic Signature of Signing Officer or Director

Date