2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# P05000012998

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:

10032 SOUTH US1
SUITE 17
PORT ST. LUCIE, FL 34952

Current Mailing Address:

2506 ACORN ST
SUITE C
FORT PIERCE, FL 34947

New Mailing Address:

10032 SOUTH US1
SUITE 17
PORT ST. LUCIE, FL 34952

FEI Number: 37-1503665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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:

ACHARYA, NAVIN
2010 NE 45TH ST
FORT LAUDERDALE, FL 33308 US

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: ACHARYA, NAVIN 04/24/2008
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: D (X) Change ( ) Addition
Name: ACHARYA, NAVIN
Address: 2010 NE 45TH ST
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify 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: ACHARYA, NAVIN D 04/24/2008
Electronic Signature of Signing Officer or Director Date