

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045922

FILED  
Apr 05, 2006  
Secretary of State

**Entity Name:** ALTERNATIVE HOME HEALTH CARE OF MIAMI-DADE COUNTY, INC.

**Current Principal Place of Business:**

4481-1 NORTH STATE ROAD 7  
FORT LAUDERDALE, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4481-1 NORTH STATE ROAD 7  
FORT LAUDERDALE, FL 33319

**New Mailing Address:**

**FEI Number:** 14-1925483

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SCHWARTZ, DAVID A  
150 S. PINE ISLAND ROAD  
SUITE 320  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

CANN, GEORGE A  
4481 N STATE RD 7  
FT LAUDERDALE, FL 33319 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: A. GEORGE CANN

04/05/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: CANN, A. GEORGE  
Address: 325 WINDMILL PALM AVE.  
City-St-Zip: PLANTATION, FL 33324

Title: S ( ) Delete  
Name: ALBANO, CARLA J  
Address: 325 WINDMILL PALM AVE.  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: A. GEORGE CANN

PT

04/05/2006

Electronic Signature of Signing Officer or Director

Date