2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006
Secretary of State

DOCUMENT# P05000046659

Entity Name: HOME BOUND CARE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

340 N.W. 183RD STREET
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

340 N.W. 183RD STREET
MIAMI, FL 33169

New Mailing Address:

FEI Number: 06-1696835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOBLACK, PETER
LAW OFFICE OF PETER LOBLACK, P.A.
2835 HOLLYWOOD BLVD., SUITE 300
HOLLYWOOD, FL 33020 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: P ( ) Delete
Name: RAMSAY, RAYMOND
Address: 13862 SW 41ST STREET
City-St-Zip: DAVIE, FL 33330

Title: V ( ) Delete
Name: CARTER, JACKIE
Address: 340 NW 183RD STREET
City-St-Zip: MIAMI, FL 33169

Title: S ( ) Delete
Name: RAMSAY, MARVEL
Address: 340 NW 183RD STREET
City-St-Zip: MIAMI, FL 33169

Title: T ( ) Delete
Name: ALLEN, ERIC R
Address: 11201 MAINSAIL COURT
City-St-Zip: WELLINGTON, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARVEL RAMSAY VP 06/01/2006

Electronic Signature of Signing Officer or Director — Date