2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007
Secretary of State

DOCUMENT# P05000063086

Entity Name: A.R.C. HOME HEALTH OF BROWARD, INC.

Current Principal Place of Business:

1414 NW 107TH AVE STE 102
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

1414 NW 107TH AVE STE 102
MIAMI, FL 33172

New Mailing Address:

FEI Number: 20-2819862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, RAMON
1414 NW 107TH AVE STE 102
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

GARCIA, CHRISTOPHER M
1414 NW 107TH AVE STE 102
MIAMI, FL 33172 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: CHRISTOPHER M. GARCIA 02/28/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GONZALEZ, RAMON
Address: 1414 NW 107TH AVE STE 102
City-St-Zip: MIAMI, FL 33172

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GARCIA, CHRISTOPHER M
Address: 1414 NW 107TH AVE STE 102
City-St-Zip: MIAMI, FL 33172

Title: VP ( ) Change (X) Addition
Name: GARCIA, CHRISTOPHER M
Address: 1414 NW 107TH AVE STE 102
City-St-Zip: MIAMI, FL 33172

Title: S ( ) Change (X) Addition
Name: GARCIA, CHRISTOPHER M
Address: 1414 NW 107TH AVE STE 102
City-St-Zip: MIAMI, FL 33172

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: CHRISTOPHER M. GARCIA P 02/28/2007
Electronic Signature of Signing Officer or Director Date