

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000070366

FILED
Apr 14, 2007
Secretary of State

Entity Name: ALISA WOMBLE HOME HEALTH CARE INC

Current Principal Place of Business:

3342 S.W. HOSANNAH LANE
OKEECHOBEE, FL 34974

New Principal Place of Business:

366 S W BRIDGEPORT DRIVE
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

3342 S.W. HOSANNAH LANE
OKEECHOBEE, FL 34974

New Mailing Address:

366 S W BRIDGEPORT DRIVE
PORT SAINT LUCIE, FL 34953

FEI Number: 20-2795737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMBLE, LISA
366 SW BRIDGEPORT DRIVE
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

WOMBLE, ALISA
366 SW BRIDGEPORT DRIVE
PORT ST LUCIE, FL 34953 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: ALISA WOMBLE

04/14/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOMBLE, ALISA
Address: 366 SW BRIDGEPORT DRIVE
City-St-Zip: PORT ST LUCIE, F; 34953

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: ALISA WOMBLE

D

04/14/2007

Electronic Signature of Signing Officer or Director

Date