

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087918

FILED
Jan 30, 2007
Secretary of State

Entity Name: TRI-COUNTY HOMECARE OF FLORIDA INC.

Current Principal Place of Business:

7561 BLACK OLIVE WAY
TAMARAC, FL 33321

New Principal Place of Business:

2514 HOLLYWOOD BLVD.
STE 203
HOLLYWOOD, FL 33020

Current Mailing Address:

7561 BLACK OLIVE WAY
TAMARAC, FL 33321

New Mailing Address:

PO BOX 220318
HOLLYWOOD, FL 33022

FEI Number: 03-0585934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENSON, YOLANDE
7561 BLACK OLIVE WAY
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

STEPHENSON, YOLANDE
2501 S. OCEAN DRIVE
#1438
HOLLYWOOD, FL 33019 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: YOLANDE STEPHENSON

01/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STEPHENSON, YOLANDE
Address: 7561 BLACK OLIVE WAY
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: STEPHENSON, YOLANDE
Address: 2501 S. OCEAN DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

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: YOLANDE STEPHENSON

DIR

01/30/2007

Electronic Signature of Signing Officer or Director

Date