

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087918

FILED
Jan 22, 2008
Secretary of State

Entity Name: TRI-COUNTY HOMECARE OF FLORIDA INC.

Current Principal Place of Business:

2514 HOLLYWOOD BLVD.
STE 203
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

PO BOX 220318
HOLLYWOOD, FL 33022

New Mailing Address:

FEI Number: 03-0585934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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 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

01/22/2008

Electronic Signature of Signing Officer or Director

Date