2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090483

PALM COAST, FL 32137

City-St-Zip:

Entity Name: ALTERNATE HOME CARE SPECIALIST, INC

FILED Feb 06, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	PER LANE AST, FL 32137						
Current Mailing Address:				New Maili	ing Addr	ess:	
	STER LANE AST, FL 32137						
FEI Number:	: 20-3057690	FEI Number Applied For	() FEIN	lumber Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and	l Address	s of New Registered Agent:	
PALM COA	STER LANE AST, FL 32137			ef all an air a			
	named entity s e of Florida.	ubmits this statement r	or the purpose	or changing	its registe	ered office or registered agent, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registe	red Agent			Date	
Election Car	npaign Financing	Trust Fund Contribution	().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () DASCO, EVELY 51 BREWSTER PALM COAST, F	LANE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	VP () EDGAR, DASEC 51 BREWSTER			Title: Name: Address:	VP EDGAR, 51 BREV	(X) Change () Addition DASCO WSTER I ANE	

City-St-Zip: PALM COAST, FL 32137

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: EVELYN B. DASCO P 02/06/2008