

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000094646

FILED
Mar 24, 2006
Secretary of State

Entity Name: AT HOME NURSING CARE, INC.

Current Principal Place of Business:

1111 BRICKELL AVE., SUITE 2150
MIAMI, FL 33131

New Principal Place of Business:

319 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

1111 BRICKELL AVE., SUITE 2150
MIAMI, FL 33131

New Mailing Address:

PO BOX 640950
MIAMI, FL 33164

FEI Number: 20-3537593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, MILTON J ESQ
1111 BRICKELL AVE., SUITE 2150
MIAMI, FL 33131 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: D () Delete
Name: MCLEAN-NABAKA, AUDREYA
Address: 5300 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33140

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: AUDREYA MCLEAN

D

03/24/2006

Electronic Signature of Signing Officer or Director

Date