2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 30, 2007 08:00 AN Secretary of State

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DOCUMENT # P05000102617 1. Entity Name VISITING INHOME PHYSICIANS, INC.				S	ecretary of Sta
Principal Plac	ce of Business	Mailing Address		1	
5913 S. COI	NGRESS AVENUE	5913 S. CONGRESS AVENUE		1	
C Atlantis, F	L 33462 US	C ATLANTIC CL 224C2 LIC		1	
ATLANTIS, F	L 33402 U3	ATLANTIS, FL 33462 US			
	ONOT WRITE		CE	01222007 No Chg-P 4. FEI Number 20-3202183 5. Certificate of Status Desired	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional
	6 Name and Address of Current D	A STATE OF THE STA	1 7 1	<u> </u>	Fee Required
5913 S. C	6. Name and Address of Current Re GER, DAVID ONGRESS AVENUE 3, FL 33462	gistered Agent	South Control of the	DO NOT WI IN THIS SP	RITE
8. 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. I am familiar with, and accept					
the obligations of registered agent.					
SIGNATURE					
	o, ypo o p mio i a o o o o o o o o o o o o o o o o o	(TVIL, 1994)	ad when a function radio or	THIS (MINISTER IN)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.				.00 May Be ed to Fees	
10.	OFFICERS AND DI	RECTORS		The Color of the State of the S	
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CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					