2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 1

Apr 28, 2008 08:00 AN Secretary of State **DOCUMENT # P05000108745** CARÉ PLACEMENT HOME HEALTH AGENCY, INC. Principal Place of Business Mailing Address **1215 12TH STREET** P. O. BOX 956 PALM HARBOR, FL 34683 CRYSTAL BEACH, FL 34681 No Chg-P CR2E034 (11/05) 04232008 DO NOT WRITE IN THIS SPACE Applied For 20-3254984 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **FANOVICH, RUTH** DO NOT WRITE 1215 12TH ST. PALM HARBOR, FL 34683 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Received Agent sometime required when rejustiting) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME FANOVICH, RUTH STREET ADDRESS P. O. BOX 956 CITY-ST-ZIP CRYSTAL BEACH, FL 34681 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier/ental 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 regency 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

FILED