## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000115459

Entity Name: FLORIDACARE HOME HEALTH, CORP.

FILED Jul 14, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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633 NE 167 ST - STE 517 N MIAMI BEACH, FL 33162

Current Mailing Address: New Mailing Address:

633 NE 167 ST - STE 517 N MIAMI BEACH, FL 33162

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FIGUEROA, ELENI V RODRIGUEZ, YOVAN 633 NE 167 ST - STE 517 633 NE 167 ST - STE 517 N MIAMI BEACH, FL 33162 US N MIAMI BEACH, FL 33162 US

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: YOVAN RODRIGUEZ 07/14/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete
 Title:
 PTD
 (X) Change ( ) Addition

 Name:
 FIGUEROA, ELENI V
 Name:
 RODRIGUEZ, YOVAN

 Address:
 633 NE 167 ST - STE 517
 Address:
 633 NE 167 ST - STE 517

 CitysSt-Zip:
 N MIAMI REACH, EL 33162
 N MIAMI REACH, EL 33162

City-St-Zip: N MIAMI BEACH, FL 33162 City-St-Zip: N MIAMI BEACH, FL 33162

 Title:
 ( ) Delete
 Title:
 VP/S ( ) Change (X) Addition

 Name:
 Name:
 RODRIGUEZ, CARLOS

 Address:
 Address:
 633 NE 167 ST - STE 517

 City-St-Zip:
 City-St-Zip:
 N MIAMI BEACH, FL 33162

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: YOVAN RODRIGUEZ PTD 07/14/2006