

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148641

Entity Name: CMA HOME HEALTH, INC

FILED  
Mar 02, 2006  
Secretary of State

**Current Principal Place of Business:**

2394 SW FERN CIRCLE  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

2394 SW FERN CIRCLE  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 34-2056328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ABDALLAH, CHARLENE M  
2394 SW FERN CIRCLE  
PORT SAINT LUCIE, FL 34953 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: P ( ) Delete  
Name: ABDALLAH, CHARLENE M  
Address: 2394 SW FERN CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

**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: CHARLENE ABDALLAH

P

03/02/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date