2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P05000150159

Principal Place of Business

MARCUS, ALAN J

SUITE 301

20803 BISCAYNE BLVD.

SUITE 203

800 E. CYPRESS CREED RD.

FORT LAUDERDALE, FL 33334

DOCTOR'S CHOICE HOME HEALTH AGENCY, INC.

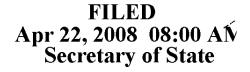


Mailing Address

800 E. CYPRESS CREED RD.

SUITE 203

FORT LAUDERDALE, FL 33334





DO NOT WRITE IN THIS SPACE

04092008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3791280 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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AVENTORA, FL 33100		
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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 lamiliar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and little if applicable

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U000000914426 05/08/08-80056-014 150.00

OFFICERS AND DIRECTORS 10. TITLE NAME WITTELS, MICHAEL B 800 E. CYPRESS CREEK RD., SUITE 203 STREET ADORESS FT. LAUDERDALE, FL 33334 CITY-ST-ZIP TITLE HOFFMAN, RICH NAME STREET ADDRESS 800 E. CYPRESS CREEK RD., SUITE 203 CITY-ST-ZIP FT. LAUDERDALE, FL 33334 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby 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 of applemental 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 of 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytima Phone #