

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000026981

FILED
Apr 18, 2007
Secretary of State

Entity Name: PROCARE HOSPICECARE, INC.

Current Principal Place of Business:

3891 COMMERCE PARKWAY
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

3891 COMMERCE PARKWAY
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 20-4370237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASSERSTROM, ELLEN ESQ.
GREENSPOON MARDER, P.A.
100 W. CYPRESS ROAD, SUITE 700
FORT LAUDERDALE, FL 33309 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: D () Delete
Name: BURGESS, ROGER D
Address: 3891 COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: BURGESS, BARBARA
Address: 3891 COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROGER BURGESS

CEO

04/18/2007

Electronic Signature of Signing Officer or Director

Date