2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007
Secretary of State

DOCUMENT# P06000034806

Entity Name: HOME CARE PROVIDERS OF FLORIDA, INC.

Current Principal Place of Business:

10312 SW 9TH LANE
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

10312 SW 9TH LANE
PEMBROKE PINES, FL 33025

New Mailing Address:

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

Name and Address of Current Registered Agent:

SHAW, JACQUELINE
10312 SW 9TH LANE
PEMBROKE PINES, FL 33025 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

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:

Title: D ( ) Delete
Name: SHAW, JACQUELINE
Address: 10312 SW 9TH LANE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete
Name: OSBORNE, SYBIL
Address: 10312 SW 9TH LANE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T ( ) Change (X) Addition
Name: JOHNSON, JANICE
Address: 10312 SW 9TH LANE
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby certify that the information supplied with this filing does not qualify 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: JACQUELINE SHAW D 06/13/2007

Electronic Signature of Signing Officer or Director — Date