2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# P06000072567

Entity Name: ATLANTIC SOUTH HOME CARE, INC.

Current Principal Place of Business:

1851 NW 125TH AVE. SUITE 306
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

1851 NW 125TH AVE. SUITE 306
PEMBROKE PINES, FL 33028

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:

CARPENTER-HARRIS, KARLINE
13312 SW 45 DR
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

GARY, TORRANCE
1851 NW 125TH AVE. SUITE 306
PEMBROKE PINES, FL 33028 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: TORRANCE GARY 02/01/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CARPENTER-HARRIS, KARLINE
Address: 1851 NW 125TH AVE. SUITE 306
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VST ( ) Delete
Name: GARY, TORRANCE D
Address: 1851 NW 125TH AVE. SUITE 306
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GARY, TORRANCE
Address: 1851 NW 125TH AVE. SUITE 306
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VST (X) Change ( ) Addition
Name: GARY, TORRANCE
Address: 1851 NW 125TH AVE. SUITE 306
City-St-Zip: PEMBROKE PINES, FL 33028

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: TORRANCE GARY P 02/01/2007
Electronic Signature of Signing Officer or Director Date