

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000086165

FILED
Apr 04, 2007
Secretary of State

Entity Name: RELIANCE HOME HEALTH CARE, INC.

Current Principal Place of Business:

14643 HORSESHOE TRACE
WELLINGTON, FL 33414 US

New Principal Place of Business:

1489 N. MILITARY TRAIL
SUITE 207
WEST PALM BEACH, FL 33409 US

Current Mailing Address:

14643 HORSESHOE TRACE
WELLINGTON, FL 33414 US

New Mailing Address:

1489 N. MILITARY TRAIL
SUITE 207
WEST PALM BEACH, FL 33409 US

FEI Number: 20-5132485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIGETI, MICHAEL T
14643 HORSESHOE TRACE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

LIGETI, MICHAEL T
1489 N. MILITARY TRAIL
SUITE 207
WEST PALM BEACH, FL 33409 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: MICHAEL T. LIGETI

04/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIGETI, MICHAEL T
Address: 14643 HORSESHOE TRACE
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP () Delete
Name: LIGETI, ELIZABETH A
Address: 14643 HORSESHOE TRACE
City-St-Zip: WELLINGTON, FL 33414 US

Title: TR () Delete
Name: LIGETI, MICHAEL T
Address: 14643 HORSESHOE TRACE
City-St-Zip: WELLINGTON, FL 33414 US

Title: SEC () Delete
Name: LIGETI, ELIZABETH A
Address: 14643 HORSESHOE TRACE
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHAEL T. LIGETI

P

04/04/2007

Electronic Signature of Signing Officer or Director

Date