2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007
Secretary of State

DOCUMENT# P06000144430

Entity Name: OPTIONS HOME HEALTH OF NORTH FLORIDA, INC

Current Principal Place of Business:

309 HILLSBORO STREET
NEW SMYRNA, FL 32169

New Principal Place of Business:

Current Mailing Address:

309 HILLSBORO STREET
NEW SMYRNA, FL 32169

New Mailing Address:

FEI Number: 20-5904587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODE, LOWELL M
6330 SW 41 COURT
DAVIE, FL 33314 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: P ( ) Delete
Name: GOODE, LOWELL M
Address: 6330 SW 41 COURT
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LOWELL M. GOODE RA 03/29/2007

Electronic Signature of Signing Officer or Director Date