

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048631

FILED
Apr 22, 2008
Secretary of State

Entity Name: VALUE CARE AT HOME OF BROWARD COUNTY, INC.

Current Principal Place of Business:

4481-2 N. STATE RD. 7
FT. LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:
4481-2 N. STATE RD. 7
FT. LAUDERDALE, FL 33319

New Mailing Address:

FEI Number: 68-0649054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, DAVID A.
150 S. PINE ISLAND RD., STE. 320
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

CANN, A. GEORGE
4481 N. STATE RD. 7
LAUDERHILL, FL 33319 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: A. GEORGE CANN

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR Change Addition
Name: CANN, A. GEORGE
Address: 325 WINDMILL PALM AVE.
City-St-Zip: PLANTATION, FL 33324

Title: MS Change Addition
Name: ALBANO, CARLA
Address: 325 WINDMILL PALM AVE
City-St-Zip: PLANTATION, FL 33324

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: A. GEORGE CANN

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

Date