FILED
Jun 26, 2008 8:00 am
Secretary of State
05-30-2008 90218 038 ***150.00

5/3

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000071595

1. Entity Name
BRIDGEPORT HOME HEALTH CARE/PRIVATE, INC.

66014808

Principal Place of Business	Mailing Address
~~1250 TAMIAMI TRAIL NORTH - SUITE 305~~ NAPLES, FL ~~34102~~ 34109 10661 AIRPORT-PULLING RD. STE 9	~~1250 TAMIAMI TRAIL NORTH - SUITE 305~~ NAPLES, FL ~~34102~~ 34109 10661 AIRPORT-PULLING RD. STE 9
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01072008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0404565 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Date

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO DILLER-SHIVELY, NANCY 1250 TAMIAMI TRAIL NORTH - SUITE 305 NAPLES, FL 34102 ☐ Delete	☒ Change ☐ Addition 10661 AIRPORT-PULLING RD. STE 9 NAPLES, FL 34109
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DILLER-SHIVELY, NANCY 1250 TAMIAMI TRAIL NORTH - SUITE 305 NAPLES, FL 34102 ☐ Delete	☒ Change ☐ Addition 10661 AIRPORT-PULLING RD. STE 9 NAPLES, FL 34109
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD BAILEY, MICHAEL 1250 TAMIAMI TRAIL NORTH - SUITE 305 NAPLES, FL 34102 ☐ Delete	☒ Change ☐ Addition 10661 AIRPORT-PULLING RD. STE 9 NAPLES, FL 34109
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CROTHERS, MICHAEL 1250 TAMIAMI TRAIL NORTH - SUITE 305 NAPLES, FL 34102 ☐ Delete	☒ Change ☐ Addition 10661 AIRPORT-PULLING RD, STE 9 NAPLES FL 34109
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] X 4-25-08
Signature and printed name of signing officer or director — Date — Daytime Phone #

ATTACHMENT

WEIDRICK, LIVESAY, MITCHELL & BURGE, LLC
CERTIFIED PUBLIC ACCOUNTANTS

d00014808

June 23, 2008

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Bridgeport Home Health Care/Private, Inc.
Reference Number: P07000071595

Dear Sir or Madam:

This letter is in response to a notice (copy enclosed) dated June 4, 2008, received by the taxpayer regarding the filing of their 2008 Florida Annual Report. According to the notice, the taxpayer's federal identification number was not indicated on the report.

Per your request, we have provided the federal identification number on the enclosed annual report.

We respectfully request abatement of any penalty and interest related to this matter.

If you have any questions, please call.

Sincerely,

Grant W. Deprey, CPA

Grant W. Deprey, CPA

GWD/
Enclosure

2150 N. Cleveland-Massillon Rd. • Akron, OH 44333
Akron: 330.659.5985 • Medina: 330.722.5249 • Fax: 330.659.5986