


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000071682		
1. Entity Name BRIDGEPORT HOME HEALTH CARE, INC.		
Principal Place of Business 1250 TAMiami TRAIL NORTH 10661 STE 305 AIRPORT-PULLING RD NAPLES, FL 34102 34109		Mailing Address 1250 TAMiami TRAIL NORTH 10661 STE 305 AIRPORT-PULLING RD NAPLES, FL 34102 34109
2. Principal Place of Business - No R.O. Box		3. Mailing Address
Subs. Apt. #, etc.		Subs. Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 26-0404685		Added For Non Applicants
5. Certificate of Good Standing <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent
8. The filer hereby certifies the 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required unless otherwise indicated)		DATE
FILE NUMBER FEE IS \$168.00 After May 1, 2008 Fee will be \$388.00	9. Section Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if 11)
TITLE CEO NAME OILLER, NANCY STREET ADDRESS 1250 TAMiami TRAIL NORTH CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition NAME 10661 AIRPORT-PULLING RD., SUITE 9 CITY-ST-ZIP NAPLES, FL 34109
TITLE D NAME OILLER, NANCY STREET ADDRESS 1250 TAMiami TRAIL NORTH, STE. 305 CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition NAME 10661 AIRPORT-PULLING RD., STE 9 CITY-ST-ZIP NAPLES, FL 34109
TITLE VSO NAME BAILEY, MICHAEL STREET ADDRESS 1250 TAMiami TRAIL NORTH, STE. 305 CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition NAME 10661 AIRPORT-PULLING RD., STE 9 CITY-ST-ZIP NAPLES, FL 34109
TITLE VO NAME CROTHERS, MICHAEL STREET ADDRESS 1250 TAMiami TRAIL NORTH, STE. 305 CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition NAME 10661 AIRPORT-PULLING RD., STE 9 CITY-ST-ZIP NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 143, 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 in an attachment with an address, without other like impediment.		
SIGNATURE: X <i>Nancy Oiller-Skinner</i>		X 4-25-08

66014809



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

66014809

June 23, 2008

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

Re: ~~Bridgeport Home Health Care, Inc.~~
Reference Number: P07000071682

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