

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000107966

Entity Name: HOMECARE ACCESS, INC.

FILED
Feb 21, 2008
Secretary of State

Current Principal Place of Business:

319 NE 167 STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

319 NE 167 STREET
NORTH MIAMI BEACH, FL 33162 US

Current Mailing Address:

319 NE 167 STREET
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

PO BOX 640950
MIAMI, FL 33164- US

FEI Number: 26-1085867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUMAN, BRYAN W
11820 N. W. 37TH STREET
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

MCLEAN, AUDREYA K
319 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162 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: AUDREYA MCLEAN

02/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: MCLEAN, AUDREYA
Address: 319 N. E. 167TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP () Delete
Name: NABAKA, JOSEPH
Address: 319 NE 167TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: NABAKA, JOSEPH O
Address: 319 N. E. 167TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP/D (X) Change () Addition
Name: MCLEAN, AUDREYA K
Address: 319 NE 167TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S () Change (X) Addition
Name: MCLEAN, AUDREYA K
Address: 319 NE 167TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: AUDREYA MCLEAN

VP

02/21/2008

Electronic Signature of Signing Officer or Director

Date