



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90190 026 ***150.00

DOCUMENT # P93000007425 1. Entity Name PRN HOME HEALTH CARE INC.					
Principal Place of Business 1779 WEST 37 STREET SUITE #15 HIALEAH, FL 33012 US			Mailing Address 7925 NW 12TH ST. SUITE 324 MIAMI, FL 33126		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7925 N.W. 12th STREET Suite, Apt. #, etc. 407			
City & State		City & State MIAMI, FL		4. FEI Number 65-0385356	
Zip Country		Zip 33126		Country MIAMI DADE	
6. Name and Address of Current Registered Agent VALLADARES, GISELA 7925 NW 12TH ST. SUITE 318 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name GISELA VALLADARES Street Address (P.O. Box Number is Not Acceptable) 7925 N.W. 12th STREET SUITE 407 City MIAMI	
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: <u>G. Valladares</u> (NOTE: Registered Agent signature required when reinstating)					
DATE: <u>4/29/04</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election 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 IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VALLADARES, GISELA 1779 WEST 37TH ST., SUITE 15 HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GISELA VALLADARES 1779 WEST 37TH STREET SUITE 15 HIALEAH, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>G. Valladares</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
DATE: <u>4/29/04</u> DAYTIME PHONE #: <u>(205) 557-0669</u>					