

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90009 036 ***150.00

DOCUMENT # P93000008978

1. Entity Name

CLEAR CHOICE HOME HEALTH, INC.



Principal Place of Business

7570 S. FEDERAL HWY.
SUITE #4
LANTANA FL 33462-6060

Mailing Address

7570 S. FEDERAL HWY.
SUITE #4
LANTANA FL 33462-6060

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **65-0381237**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAMAN, MARK F
6677 BLUE BAY CIRCLE
LAKE WORTH FL 33468

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	KAMAN, MARK F	
STREET ADDRESS	6677 BLUE BAY CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KAMAN, LYNETTE M.	
STREET ADDRESS	6677 BLUE BAY CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Mark F. Kaman **MARK F. KAMAN** 3/15/2004 (561) 966-9870
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR