

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000067869

Entity Name: ABBEY HOME HEALTH CARE INC.

FILED  
Jan 20, 2006  
Secretary of State

**Current Principal Place of Business:**

7800 W. OAKLAND PARK BLVD  
E 115  
FORT LAUDERDALE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 101045  
FORT LAUDERDALE, FL 33310 US

**New Mailing Address:**

FEI Number: 65-0507346      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADEAGBO, ABBEY  
7800 W. OAKLAND PARK BLVD  
E115  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: ADEAGBO, ABBEY  
Address: 7800 W. OAKLAND PARK BLVD  
City-St-Zip: SUNRISE, FL 33351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ADEAGBO, A.

P

01/20/2006

Electronic Signature of Signing Officer or Director

Date