

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000003092

FILED  
Aug 03, 2004  
Secretary of State

Entity Name: HOME CARE RESOURCES, INC.

## Current Principal Place of Business:

7900 NOVA DRIVE  
SUITE 101  
DAVIE, FL 33324

## New Principal Place of Business:

6535 NOVA DRIVE  
SUITE 100  
DAVIE, FL 33317

## Current Mailing Address:

7900 NOVA DRIVE  
SUITE 101  
DAVIE, FL 33324

## New Mailing Address:

6535 NOVA DRIVE  
SUITE 100  
DAVIE, FL 33317

FEI Number: 65-0538677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLEY, BONNIE L  
7900 NOVA DRIVE  
SUITE 101  
DAVIE, FL 33324 US

## Name and Address of New Registered Agent:

WILLEY, BONNIE L  
6535 NOVA DRIVE  
SUITE 100  
DAVIE, FL 33317 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:

08/03/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RODERIGUEZ, CARLOS A  
Address: 7900 NOVA DRIVE, SUITE 101  
City-St-Zip: DAVIE, FL 33324

Title: V ( ) Delete  
Name: WILLEY, BONNIE  
Address: 7900 NOVA DRIVE, SUITE 101  
City-St-Zip: DAVIE, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RODERIGUEZ, CARLOS A  
Address: 6535 NOVA DRIVE, SUITE 100  
City-St-Zip: DAVIE, FL 33317

Title: V (X) Change ( ) Addition  
Name: WILLEY, BONNIE  
Address: 6535 NOVA DRIVE, SUITE 100  
City-St-Zip: DAVIE, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BONNIE L. WILLEY

V

08/03/2004

Electronic Signature of Signing Officer or Director

Date