2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000031589

1. Entity Name
INDEPENDENT MOBILITY IN HOME HEALTH CARE, INC.

Principal Place of Business	Mailing Address
3131 RIVIERA DR. SARASOTA, FL 34232	3131 RIVIERA DR. SARASOTA, FL 34232

DO NOT WRITE IN THIS SPACE

03022004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0576143		Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOEGE, CHARLES
3131 RIVIERA DR.
SARASOTA, FL 34232

DO NOT WRITE IN THIS SPACE

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**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000096293 03/25/04-80024-005 158.75

10.   OFFICERS AND DIRECTORS

TITLE	PS
NAME	DOEGE, CHARLES
STREET ADDRESS	3131 RIVIERA DR.
CITY-ST-ZIP	SARASOTA, FL 34232

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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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: X _Charles Doege leo_   03/22/04   941-921-7828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #