2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000070256 1. Entity Name

E J W HOME HEALTH CARE, INC.

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FILED May 03, 2004 08:00 AM Secretary of State

Principal Place of Business

2660 NW 105TH LANE SUNRISE, FL 33322

Mailing Address

2660 NW 105TH LANE SUNRISE, FL 33322



DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number		Applied For
64-0604850		Not Applicable
Certificate of Status Desired	\$8.7	5 Additional

6. Name and Address of Current Registered Agent

WALKOWIAK, JOSEPH

DO NOT WRITE

2660 NW 105TH LANE SUNRISE, FL 33322		DO NOI WILL				
			IN THIS SPACE			
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	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	ed office or registered agent, or bo	oth, In the State of Florida. I am familiar with, a	and accept	
SIGNATURE.	= Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Begistered	d Agent signature required when reinstating)	DATE	·	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	######################################	.00	
10.	OFFICERS AND DIREC	TORS		<u> </u>		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				AND THE STATE OF T	7.574.5 5.575.5	
	certify that the information supplied with this file	ing does not qualify for the exer	notion stated in Section 119.07(3)	(i), Florida Statutes, I further certify that the inf	ormation	

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. Edmont Morreon work

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #