

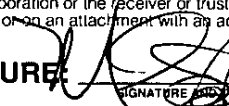


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90034 026 \*\*\*158.75

<b>DOCUMENT # P95000082906</b> 1. Entity Name <b>GOLDENCARE HOME HEALTH AGENCY, INC.</b>					
Principal Place of Business <b>11890 S.W. 8 STREET</b> <b>402</b> <b>MIAMI, FL 33184 US</b>		Mailing Address <b>11890 S.W. 8 STREET</b> <b>402</b> <b>MIAMI, FL 33184 US</b>			
2. Principal Place of Business <b>5757 Blue Lagoon Drive</b> Suite, Apt. #, etc. <b>420</b> City & State. <b>Miami, FL</b> Zip <b>33126</b>		3. Mailing Address <b>5757 Blue Lagoon Drive</b> Suite, Apt. #, etc. <b>420</b> City & State. <b>Miami, FL</b> Zip <b>33126</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>65-0620020</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>OROZCO, LEONEL</b> <b>3240 S.W. 139TH AVENUE</b> <b>MIAMI, FL 33175</b>			7. Name and Address of New Registered Agent Name <b>Maynard J. Hellman</b> Street Address (P.O. Box Number is Not Acceptable) <b>5757 Blue Lagoon Drive # 420</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33126</b>		
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  <b>Maynard J. Hellman, Vice President</b> <b>03/28/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO <b>OROZCO, GLADYS</b> <b>3240 S.W. 139TH AVENUE</b> <b>MIAMI, FL 33175</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <b>Charles M. Fernandez</b> <b>5757 Blue Lagoon Drive, Suite 420</b> <b>Miami, FL 33126</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>OROZCO, LEONEL</b> <b>3240 SW 139 AVENUE</b> <b>MIAMI, FL 33175</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President</b> <b>Maynard Hellman</b> <b>5757 Blue Lagoon Drive, Suite 420</b> <b>Miami, FL 33126</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <b>OROZCO, BERTISABEL</b> <b>3240 S.W. 139TH AVENUE</b> <b>MIAMI, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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  <b>Maynard J. Hellman, VP</b> <b>03/28/05</b> <b>(305) 553-2553</b> <small>Signature, typed or printed name of signing officer or director Date Daytime Phone #</small>					