

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000085438

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: LIFE QUALITY HOME HEALTH CARE, INC.

## Current Principal Place of Business:

5180 WEST ATLANTIC AVE.  
SUITE 101  
DELRAY BEACH, FL 33484 US

## New Principal Place of Business:

## Current Mailing Address:

5180 WEST ATLANTIC AVE.  
SUITE 101  
DELRAY BEACH, FL 33484 US

## New Mailing Address:

FEI Number: 65-0697524      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOBLICK, DAVID  
5180 WEST ATLANTIC AVE  
SUITE 101  
DELRAY BEACH, FL 33484 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: PD ( ) Delete  
Name: SOBLICK, DAVID  
Address: 5180 WEST ATLANTIC  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VPD ( ) Delete  
Name: SOBLICK, ROBIN W  
Address: 5180 WEST ATLANTIC  
City-St-Zip: DELRAY BEACH, FL 33445 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID SOBLICK

PD

01/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date