2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# P96000100487

Entity Name: CARE PLUS HOME HEALTH, INC.

Current Principal Place of Business:

4705 26TH STREET W
SUITE A
BRADENTON, FL 34207

New Principal Place of Business:

Current Mailing Address:

4705 26TH STREET W
SUITE A
BRADENTON, FL 34207

New Mailing Address:

FEI Number: 65-0729656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARLICK, PAUL
4705 26TH STREET W
SUITE A
BRADENTON, FL 34207 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: GARLICK, PAUL
Address: 90 MICHIANA DR PO BOX 495
City-St-Zip: TERRA CEIA, FL 34250

Title: STD ( ) Delete
Name: GARLICK, KATHRYN
Address: 90 MICHIANA DR PO BOX 495
City-St-Zip: TERRA CEIA, FL 34250

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: KATHRYN GARLICK STD 05/03/2006

Electronic Signature of Signing Officer or Director — Date