

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000001384

FILED
Apr 20, 2005
Secretary of State

Entity Name: ANGEL-CARE HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

4000 N STATE RD 7
S-410
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4000 N STATE RD 7
S-410
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

FEI Number: 65-0716002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEINER, INKA
4000 N STATE ROAD 7
SUITE 410
LAUDERDALE LAKES, FL 33319 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: WEINER, INKA
Address: 5224 NW 94TH TERRACE
City-St-Zip: SUNRISE, FL 33351

Title: SD () Delete
Name: WEINER, INKA
Address: 5224 NW 94TH TERRACE
City-St-Zip: SUNRISE, FL 33351

Title: VPSD () Delete
Name: PHILLIPS, NICOLE
Address: 5224 NW 94 TERR
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: INKA WEINER, RN

PD

04/20/2005

Electronic Signature of Signing Officer or Director

Date