


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000037396</b> 1. Entity Name <b>HEART OF FLORIDA CARE INC</b>	
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Principal Place of Business <b>301 S. 10TH STREET HAINES CITY, FL 33844</b>	Mailing Address <b>301 S. 10TH STREET HAINES CITY, FL 33844</b>
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**DO NOT WRITE IN THIS SPACE**

01142008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3454338</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**PALMER, HUGH M ESQUIRE  
1150 LOUISIANA AVENUE - SUITE 6A  
WINTER PARK, FL 32789**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTS SAHOTA, SATNAM S 301 S. 10TH STREET HAINES CITY, FL 33844</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V LALLY, RASHEM 6043 LOUISE COVE DRIVE WINDERMERE, FL 34786</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/01/08-80050-013-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Rashem Lally **1-23-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #