

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000038220**

1. Entity Name

AVNER HOME HEALTH CARE SERVICES, INC.



Principal Place of Business

4600 W. COMMERCIAL BLVD. SUITE #7  
TAMARAC, FL 33319 US

Mailing Address

4600 W. COMMERCIAL BLVD. SUITE #7  
TAMARAC, FL 33319 US



04172008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0753624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANIOFF, RONALD J  
2450 HOLLYWOOD BLVD, SUITE 401  
HOLLYWOOD, FL 33020

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME BENNETT, SANDRA  
STREET ADDRESS 3500 N STATE RD 7, NO 200A  
CITY-ST-ZIP WESTON, FL 33326

TITLE D  
NAME BENNETT, DONNETT  
STREET ADDRESS 3500 N STATE RD 7, NO 200A  
CITY-ST-ZIP WESTON, FL 33326

TITLE PSTD  
NAME MCENOUGH, IOLYN  
STREET ADDRESS 3500 N STATE RD 7, NO 200A  
CITY-ST-ZIP WESTON, FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000316920  
05/13/09-80019-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Days/Time Phone #

4/21/08