

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90037 010 ***158.75

DOCUMENT # P97000077577					
1. Entity Name HILL'S HOME CARE, INC.					
Principal Place of Business 9191 R.G. SKINNER PKWY., SUITE 803 JACKSONVILLE, FL 32256			Mailing Address 9191 R.G. SKINNER PKWY., SUITE 803 JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01302008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-3467081	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HILL, DAVID A 9471 BAYMEADOWS ROAD SUITE 201 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name: <u>HILL, DAVID A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>9191 R.G. SKINNER PARKWAY</u> <u>SUITE 803</u> City: <u>JACKSONVILLE</u> FL Zip Code: <u>32256</u>		
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: <u>David A. Hill</u> <u>DAVID A. HILL</u> DATE: <u>2-1-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. HILL, DAVID A PRES. 9191 R.G. SKINNER PKWY., SUITE 803 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HILL, DAVID A. 9191 R.G. SKINNER PKWY., STE. 803 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS. HILL, MALORIE S V. PRES 9191 R.G. SKINNER PKWY., SUITE 803 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT HILL, MALORIE S. 9191 R.G. SKINNER PKWY., STE. 803 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - -	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - -	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - -	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - -	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Malorie S. Hill</u> <u>MALORIE S. HILL</u>			Date: <u>2-4-08</u>		Daytime Phone #: <u>(904) 363-6699</u>