


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000054275</b> 1. Entity Name <b>HOME CARE INVESTORS, INC.</b>	
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Principal Place of Business <b>5950 W OAKLAND PK BLVD #209 FORT LAUDERDALE, FL 33313 US</b>	Mailing Address <b>5950 W OAKLAND PK BLVD #209 FORT LAUDERDALE, FL 33313 US</b>
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**DO NOT WRITE IN THIS SPACE**



02042004 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

**MILNER, DAVID MD  
5950 W OAKLAND PK BLVD  
#209  
FORT LAUDERDALE, FL 33313**

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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERSTLE, MARK CPA 19495 BISCAYNE BLVD. #705 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILNER, DAVID M.D. 1854 NW 106TH TERR PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROHER, JUDY 4706 QUEEN PALM LN TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/04-80172-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: David Milner, M.D. 02/11/04 (954) 485-4006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #