


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90094 003 \*\*\*150.00

<b>DOCUMENT # P98000054275</b> 1. Entity Name <b>HOME CARE INVESTORS, INC.</b>					
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>		
2. Principal Place of Business - No P.O. Box # <b>5950 W Oakland Pk Blvd</b>		3. Mailing Address <b>same</b>			
Suite, Apt. #, etc. <b># 301</b>		Suite, Apt. #, etc. 			
City & State <b>Pt. Lauderdale FL</b>		City & State 			
Zip <b>33313</b>		Country <b>US</b>		4. FEI Number <b>65-0856369</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01122007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>GOLBITZ, NATALIE ADMIN 5950 W OAKLAND PK BLVD #301 FORT LAUDERDALE, FL 33313</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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><i>Natalie Gallitz Administrator</i></u> DATE <u><i>1/12/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILNER, DAVID M.D. 1854 NW 106TH TERR PLANTATION, FL 33322	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ROHER, JUDY 4706 QUEEN PALM LN TAMARAC, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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><i>[Signature]</i></u> <b>PRESIDENT</b> DATE <u><i>01/12/07</i></u> (954) 485-4006 <small>Signature and typed or printed name of signing officer or director Daytime Phone #</small>		