


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # P98000054275	
1. Entity Name HOME CARE INVESTORS, INC.	

Principal Place of Business 5950 W OAKLAND PK BLVD SUITE 301 FORT LAUDERDALE, FL 33313 US	Mailing Address 5950 W OAKLAND PK BLVD #200 301 FORT LAUDERDALE, FL 33313 US
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01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0856369	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLBITZ, NATALIE ADMIN
5950 W OAKLAND PK BLVD
#301
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 *Natalie Golbitz* DATE 1/22/08
Signature, typed or printed name of registered agent and then applicable (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS

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 4708 QUEEN PALM LN TAMARAC, FL 33319
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01/24/08-80002-013 150.00

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 *Judith A. Roker* Judith Roker 1/22/08 954 485-4006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #