

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90017 007 ***158.75

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1. Entity Name

SOUTHERN HOMECARE OF THE PALM BEACHES, INC.



Principal Place of Business

1030 1030 LAKE AVE., STE. A
LAKE WORTH FL 33460

Mailing Address

1030 1030 LAKE AVE., STE. A
LAKE WORTH FL 33460

24020888



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0845272

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATKINSON, VIRGINIA
1030 LAKE AVENUE
SUITE A
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ATKINSON, VIRGINIA M	
STREET ADDRESS	13562 JONQUIL PL	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CHIANCA, MICHELLE	
STREET ADDRESS	14 PEABODY LANE	
CITY-ST-ZIP	PELHAM NH 03076	
TITLE	S	<input type="checkbox"/> Delete
NAME	MURRAY, MELISSA	
STREET ADDRESS	13562 JONQUIL PL	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	S	<input type="checkbox"/> Delete
NAME	ATKINSON, NICHOLAS	
STREET ADDRESS	13562 JONQUIL PL	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGINIA ATKINSON	
STREET ADDRESS	843 ARABIAN DR	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLAS ATKINSON	
STREET ADDRESS	843 ARABIAN DR	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELISSA MURRAY	
STREET ADDRESS	843 ARABIAN DR	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLAS ATKINSON	
STREET ADDRESS	843 ARABIAN DR	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Virginia Atkinson (Virginia Atkinson)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/7/04

Daytime Phone #

5613852060