2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P98000054811 1. Entity Name

SOUTHERN HOMECARE OF THE PALM BEACHES, INC.



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

03-12-2004 90017 007 ***158.75

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Section Country Zo	City & Stat	e	City & State		4 FELL	4. FFI Number Applied For		
Some and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATKINSON, VIRGINIA 1030 LAKE AVENUE SUITE A LAKE WORTH FL 33460 Cty FL Zip Codo 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 FILE NOW!!! FEE IS \$150.00 After May 1: 2004 Fee will be \$550.00 After May 1: 2004 Fee will be \$550.00 After May 1: 2004 Fee will be \$550.00 ATKINSON, VIRGINIA M Sinest Allows Signature State Agent Control State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the	ony o otate		Sily distance			65-0845272 Not Applicable		t Applicable
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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	12. I hereby	certify that the information supplied v	with this filing does not qualify f	or the exemption stated	in Section 119	1.07(3)(i), Florida Statutes. I further	certify that the in	nformation

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