

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State
07-25-2005 90107 022 ***158.75

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|---|---|--|---|---|--|
| DOCUMENT # P98000054811 | | | | | |
| 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 | | |
| 2. Principal Place of Business <i>12488 Equine Lane</i> | | 3. Mailing Address <i>12488 Equine Lane</i> | | 07142005 Chg-P CR2E034 (10/03) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State <i>Wellington FL</i> | | City & State <i>Wellington FL</i> | | 4. FEI Number 65-0845272 | |
| Zip <i>33414</i> | | Country <i>USA</i> | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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) <i>12488 Equine Lane</i> City <i>Wellington</i> FL Zip Code <i>33414</i> | | |
| 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 <i>Virginia Atkinson</i> <i>President</i> <i>7/15/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ATKINSON, VIRGINIA M 843 ARABIAN DR. LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>12488 Equine Lane</i> <i>Wellington FL 33414</i> | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V ATKINSON, NICHOLAS 843 ARABIAN DR. LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>12488 Equine Lane</i> <i>Wellington FL 33414</i> | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S MURRAY, MELISSA 843 ARABIAN DR. LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>12488 Equine Lane</i> <i>Wellington FL 33414</i> | | |
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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 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: <i>Virginia Atkinson</i> <i>President</i> <i>7/15/05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <i>702-385-2060</i></small> | | | | | |