

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000059519

FILED
Apr 28, 2005
Secretary of State

Entity Name: ADVANTAGE HOME HEALTH CARE, INC.

Current Principal Place of Business:

1664 FLAGLER MANOR CIRCLE
WEST PALM BEACH, FL 33411

New Principal Place of Business:

3462 SE COURT DRIVE
STUART, FL 34997

Current Mailing Address:

1664 FLAGLER MANOR CIRCLE
WEST PALM BEACH, FL 33411

New Mailing Address:

3462 SE COURT DRIVE
STUART, FL 34997

FEI Number: 65-0844538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYRICK, KIM
1664 FLAGLER MANOR CIRCLE
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

MYRICK, KIM
3462 SE COURT DRIVE
STUART, FL 34997 US

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.

SIGNATURE: KIM MYRICK

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: MYRICK, KIM
Address: 1664 FLAGLER MANOR CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: P () Delete
Name: LECHNER, BRIAN
Address: 390 SE MIZNER BLVD. #1812
City-St-Zip: BOCA RATON, FL 33432

Title: VP () Delete
Name: MCCASKILL, SUSAN T
Address: 6120 PAYNE STEWART DRIVE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: MYRICK, KIM
Address: 3462 SE COURT DRIVE
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM MYRICK

ST

04/28/2005

Electronic Signature of Signing Officer or Director

Date