## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000083471

TREASURE ISLAND, FL 33706

City-St-Zip:

Entity Name: HOME CARE EXCELLENCE OF TAMPA BAY, INC.

FILED Jan 04, 2005 Secretary of State

Current Pr	incipal Place	of Business:	New Prince	ipal Plac	e of Business:	
800 EAST E SUITE A LARGO, FL						
Current Ma	ailing Addres	ss:	New Maili	New Mailing Address:		
800 EAST E SUITE A LARGO, FL						
FEI Number: 59-3534271 FEI Number Applied For ( )			FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of C	current Registered Agent:	Name and	Name and Address of New Registered Agent:		
1490 LACC	CHRISTOPH NIA DR., WE TER, FL 3376	ST				
The above in the State		submits this statement for the	purpose of changing	its register	red office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered A	gent		Date	
Election Cam	paign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () LORENTO, CHI 1490 LACONIA CLEARWATER	DR., WEST	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address:	D () GILBERT, NANO 175 SUN ISLE		Title: Name: Address:		(X) Change()Addition ),JACQUELINE M ONIA DRIVE WEST	

City-St-Zip: CLEARWATER, FL 33764

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: CHRISTOPHER A. LORENTO MR. 01/04/2005