

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000002452

1. Entity Name  
PATIENT CHOICE HOME HEALTH AGENCY, INC.



Principal Place of Business  
1868 N UNIVERSITY DRIVE  
306  
PLANTATION, FL 33322

Mailing Address  
1868 N UNIVERSITY DRIVE  
306  
PLANTATION, FL 33322

FILED

06 APR -6 AM 10:39

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



03022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0886993

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES, INC.  
ONE BISCAYNE TOWER, 21ST FL  
2 SOUTH BISCAYNE BLVD  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

1100001455974  
03/16/06 0013 50.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MUNOZ, ANNE E  
6623 BRISTOL LAKE SOUTH  
DELRAY BEACH, FL 33446

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

700069968167  
04/10/06--01075--025 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

km  
4/6/06

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/06  
Date

Daytime Phone #