

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-12-2007 90071 023 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 7771 West Oakland Pk Blvd		3. Mailing Address 7771 West Oakland Pk Blvd	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100	
City & State Sunrise, FL		City & State Sunrise, FL	
Zip 33351		Zip 33351	
Country USA		Country USA	
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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 state if applicable (NOTE: Registered Agent signature required when remaining)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MUNOZ, ANNE E 6823 BRISTOL LAKE SOUTH DELRAY BEACH, FL 33446	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☐ Addition
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 a partner or trustee empowered to execute this report, or on an authorized officer or partner, with all other like employees, changed, or on an authorized officer or partner, with all other like employees.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2-26-07 Daytime Phone #	