

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013856

FILED  
Apr 10, 2006  
Secretary of State

Entity Name: RELATIVE HOME HEALTH, INC.

## Current Principal Place of Business:

7310 W. MCNAB ROAD  
SUITE 107  
TAMARAC, FL 33321

## New Principal Place of Business:

## Current Mailing Address:

7310 W. MCNAB ROAD  
SUITE 107  
TAMARAC, FL 33321

## New Mailing Address:

P.O BOX 26504  
P.O. BOX 26504  
TAMARAC, FL 33321

FEI Number: 65-0892505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARR, AUDREY  
5289 N.W. 112 WAY  
POMPANO BEACH, FL 33076 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: BARR, AUDREY  
Address: 7310 W. MCNAG RD. #107  
City-St-Zip: TAMARAC, FL 33321

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: BARR, AUDREY  
Address: 5289 NW 112 WAY  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP ( ) Change (X) Addition  
Name: KEISE, COURTNEY G  
Address: 5289 NW 112 WAY  
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: COURTNEY KEISE

VP

04/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date