2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P99000050631

Entity Name: SUNCARE NURSING SERVICES, INC.

Current Principal Place of Business:

8140 S SHADOWBRIGHT PL.
FLORAL CITY, FL 34436

New Principal Place of Business:

Current Mailing Address:

8140 S SHADOWBRIGHT PL.
FLORAL CITY, FL 34436

New Mailing Address:

FEI Number: 65-0931879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIEGEL, DONALD R
633 S ANDREWS AVENUE
SUITE 500
FORT LAUDERDALE, FL 33302 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: PTD ( ) Delete
Name: HOFFMAN RANDOT, SUSAN E
Address: 8140 S. SHADOWBRIGHT PLACE
City-St-Zip: FLORAL CITY, FL 34436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: HOFFMAN RONDOT, SUSAN E
Address: 8140 S. SHADOWBRIGHT PLACE
City-St-Zip: FLORAL CITY, FL 34436

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: SUSAN HOFFMAN RONDOT PTD 04/28/2005

Electronic Signature of Signing Officer or Director Date