2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000071118

FILED Jul 17, 2007 Secretary of State

Entity Name: A HOME CARE SERVICE OF PALM BEACH COUNTY, CORP.

of Business:	New Principal Place of	of Business:
3		
ss:	New Mailing Address	:
3		
FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New I		New Registered Agent:
3 US		
submits this statement for the p	urpose of changing its registered	office or registered agent, or both,
nic Signature of Registered Age	nt	Date
	t receive the prior notice.	
TORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:
) Delete	Title:	() Change () Addition
A DGE CT 27603	Name: Name: Address: City-St-Zip:	() Change () Addition
	FEI Number Applied For () Current Registered Agent: US Submits this statement for the p nic Signature of Registered Age 3(2)(b), F.S., the corporation did not g Trust Fund Contribution (). TORS:	New Mailing Address FEI Number Applied For () FEI Number Not Applicable () Current Registered Agent: Name and Address of US Submits this statement for the purpose of changing its registered nic Signature of Registered Agent 3(2)(b), F.S., the corporation did not receive the prior notice. g Trust Fund Contribution (). TORS: ADDITIONS/CHANGE

I hereby certify that the information supplied with this filing does not qualify 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: THERESA CAMP VP 07/17/2007