

FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S68114 1. Entity Name MEDEX HOME CARE, INC.			
Principal Place of Business 8250 NW 27TH STREET SUITE 309 MIAMI, FL 33144 US		Mailing Address 8250 NW 27TH STREET SUITE 309 MIAMI, FL 33144 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent CABRERA, RAUL D. 4201 SW 11TH ST. MIAMI, FL 33134-4997		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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when contesting)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE D NAME LLANES, EDDY D. STREET ADDRESS 8368 SW 8TH STREET CITY-ST-ZIP MIAMI, FL			
TITLE D NAME LLANES, LEX STREET ADDRESS 8368 SW 8TH STREET CITY-ST-ZIP MIAMI, FL			
TITLE S NAME LLANES, MAXIMA I STREET ADDRESS 8368 SE 8TH STREET CITY-ST-ZIP MIAMI, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u>Maxima Llanes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>305-463-7490</u> <small>Daytime Phone</small>	