


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # S68114	
1. Entity Name MEDEX HOME CARE, INC.	

Principal Place of Business	Mailing Address
8250 NW 27TH STREET SUITE 309 MIAMI, FL 33144 US	8250 NW 27TH STREET SUITE 309 MIAMI, FL 33144 US



04052006 --No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0275878	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000524563
05/03/06-80118-002 158.75**

10. OFFICERS AND DIRECTORS

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	

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/06 305.463 9490

Date

Daytime Phone #