


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # S85656 1. Entity Name HOMECARE OF SOUTH FLORIDA, INC.	
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Principal Place of Business P.O. BOX 541555 GREENACRES, FL 33454 US	Mailing Address P.O. BOX 541555 GREENACRES, FL 33454 US
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04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0291145	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLYNN, BARBARA ANN
 6331 SUMMER SKY LANE
 LAKE WORTH, FL 33463

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, BARBARA ANN 4564 MARKS WAY LAKE WORTH, FL 33463
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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: BARBARA ANN FLYNN *Barbara Flynn* 4-3-07 561-964-0253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #