

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # S85781

**1. Entity Name
TACARE HOME HEALTH AGENCY, INC.**



**Principal Place of Business
2400 W. 84TH ST
SUITE #15
HIALEAH, FL 33016 US**

**Mailing Address
2400 W. 84TH ST
SUITE #15
HIALEAH, FL 33016 US**



02082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0309527**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAMPOS, CARMEN M.
2400 W. 84TH STREET
STE. 15
HIALEAH, FL 33016**

**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, 2007 Fee will be \$350.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PVT
CAMPOS, CARMEN M
2400 W 84 ST STE 15
HIALEAH, FL 33016**

**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
CAMPOS, CARMEN M
2400 W 84 ST STE 15
HIALEAH, FL 33016**

**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
CAMPOS, THOMAS A
2400 W 8TH ST STE 15
HIALEAH, FL 33016**

**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
CAMPOS, LOURDES
2400 W 8TH ST STE 15
HIALEAH, FL 33016**

**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP**

000000633122
02/21/07-80049-020 150.00

**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:

Carmen M. Campos

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

2/8/07 (305) 364-9090

Date

Daytime Phone #