

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V00938

FILED  
Apr 01, 2005  
Secretary of State

Entity Name: HOME CARE RECOVERY, INC.

## Current Principal Place of Business:

2100 W. 76TH STREET  
STE 308  
HIALEAH, FL 33016 US

## New Principal Place of Business:

## Current Mailing Address:

2100 W. 76TH STREET  
STE 308  
HIALEAH, FL 33016 US

## New Mailing Address:

FEI Number: 65-0304930      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CRANZ, WILLIAM P  
15825 SW 83RD CT  
MIAMI, FL 33157 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: CRANZ, WILLIAM P.,  
Address: 15825 SW 83RD COURT  
City-St-Zip: MIAMI, FL 33157

Title: P ( ) Delete  
Name: GARCIA, NATACHA M  
Address: 11948 SW 75TH ST  
City-St-Zip: MIAMI, FL 33183

Title: V ( ) Delete  
Name: SUAREZ, ELIZABETH M  
Address: 7697 NW 166 TERR  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: CRANZ, WILLIAM P  
Address: 15825 SW 83RD COURT  
City-St-Zip: MIAMI, FL 33157

Title: P (X) Change ( ) Addition  
Name: GARCIA, NATACHA M  
Address: 11948 SW 75TH ST  
City-St-Zip: MIAMI, FL 33183

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM P. CRANZ

CEO

04/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date