2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 25, 2005 8:00 am
Secretary of State
03-07-2005 90272 012 ***150.00

DOCUMENT # V51180

1. Entity Name
UTOPIA HOME CARE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
215 SECOND AVE N SAINT PETERSBURG, FL 33701 US	215 SECOND AVE N SAINT PETERSBURG, FL 33701 US

03022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	60 East Main St. Suite, Apt. #, etc.
City & State	City & State Kings Park, NY
Zip / Country	Zip 11754 / Country US

4. FEI Number 11-2635043 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEAR, ROBERT L. 2605 ENTERPRISE ROAD EAST, #110 CLEARWATER, FL 34619	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP MARTINEZ, MANUEL F. 60 E. MAIN STREET KINGS PARK, NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MARTINEZ, ANGELINA 60 E. MAIN ST. KINGS PARK, NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARTINEZ, MANUEL G 60 EAST MAIN STREET KINGS PARK, NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 President 4/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #