2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2011
Secretary of State

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Entity Name: K & D HOME HEALTH CARE CORP.

Current Principal Place of Business:

4330 W BROWARD BLVD.
SUITE O
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

4330 W BROWARD BLVD.
SUITE O
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 30-0272282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENTON, NORMA F
4330 W BROWARD BLVD.
SUITE O
PLANTATION, FL 33317 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

OFFICERS AND DIRECTORS:

Title: P
Name: DENTON, NORMA F
Address: 4330 W BROWARD BLVD.
City-St-Zip: PLANTATION, FL 33317

Title: VP
Name: O'CONNOR, VERONICA
Address: 22031 ALTONA DRIVE
City-St-Zip: BOCA RATON, FL 33428

Title: T
Name: MACMILLAN, MARTHA B
Address: 4330 W BROWARD BLVD., SUITE O
City-St-Zip: PLANTATION, FL 33317

Title: PRES
Name: DENTON, NORMA F
Address: 2440 S.E. FEDERAL HIGHWAY SUITE109
City-St-Zip: STUART, FL 34994

Title: PRES
Name: DENTON, NORMA F
Address: 7251 WEST PALMETTO PK ROAD SUITE 102
City-St-Zip: BOCA RATON, FL 33433

I hereby 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 all other like empowered.

SIGNATURE: NORMA F. DENTON PRES 01/14/2011

Electronic Signature of Signing Officer or Director — Date