2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# P08000105291

Entity Name: CC'S HEALTH AND HOME CARE SERVICES, INC.

Current Principal Place of Business:

13140 SW 26TH STREET
MIRAMAR, FL 33027

New Principal Place of Business:

ATRIUM CENTRE
4801 SOUTH UNIVERSITY DRIVE SUITE 260
DAVIE, FL 33328

Current Mailing Address:

13140 SW 26TH STREET
MIRAMAR, FL 33027

New Mailing Address:

ATRIUM CENTRE
4801 SOUTH UNIVERSITY DRIVE SUITE 260
DAVIE, FL 33328

FEI Number: 80-0415870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MELBOURNE, CAROL
13140 SW 26TH STREET
MIRAMAR, FL 33027 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: D ( ) Delete
Name: MELBOURNE, CAROL
Address: 13140 SW 26TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete
Name: BRAMWELL, CARRON
Address: 13140 SW 26TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Change (X) Addition
Name: BLAIR, PATRICEA Z
Address: 8240 SW 22 STREET #E203
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CAROL P 06/24/2009

Electronic Signature of Signing Officer or Director — Date