2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2014
Secretary of State
CC6631573263

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Entity Name: K & D HOME HEALTH CARE CORP.

Current Principal Place of Business:

4330 W BROWARD BLVD.
SUITE H
PLANTATION, FL 33317

Current Mailing Address:

4330 W BROWARD BLVD.
SUITE H
PLANTATION, FL 33317 US

FEI Number: 30-0272282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DENTON, NORMA F
4330 W BROWARD BLVD.
SUITEH
PLANTATION, FL 33317 US

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

Officer/Director Detail :

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

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

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

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

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

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: DENTON, NORMA, F OWNER 03/20/2014

Electronic Signature of Signing Officer/Director Detail — Date