2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006
Secretary of State

DOCUMENT# 728509

Entity Name: UNITED HOME CARE SERVICES, INC.

Current Principal Place of Business:

5255 N.W. 87TH AVENUE
SUITE 400
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

5255 N.W. 87TH AVENUE
SUITE 400
MIAMI, FL 33178 US

New Mailing Address:

FEI Number: 59-1523943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOX, JOSE R
5255 N.W. 87TH AVENUE
SUITE 400
MIAMI, FL 33178 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:	CD	( ) Delete
Name:	PLANA, NESTOR	
Address:	5255 NW 87TH AVE # 400	
City-St-Zip:	MIAMI, FL 33178	
Title:	PD	( ) Delete
Name:	FOX, JOSE R	
Address:	5255 N.W. 87TH AVE, SUITE 400	
City-St-Zip:	MIAMI, FL 33178	
Title:	SD	( ) Delete
Name:	FUENTES, JOSE K	
Address:	172-A WEST FLAGLER ST	
City-St-Zip:	MIAMI, FL 33130	
Title:	TD	( ) Delete
Name:	SANCHEZ, RICARDO	
Address:	2600 PONCE DE LEON BLVD 19TH FL	
City-St-Zip:	CORAL GABLES, FL 33134	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE R. FOX PRES 01/23/2006

Electronic Signature of Signing Officer or Director — Date