

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 26, 2007
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 ()****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: SANCHEZ, RICARDS
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:** TD () Delete
Name: FRASER, ALEX
Address: 5255 NW 87 AVE #400
City-St-Zip: MIAMI, FL 33178**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:** CD (X) Change () Addition
Name: FUENTES, JOSE K
Address: 5255 NW 87TH AVE # 400
City-St-Zip: MIAMI, FL 33178**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: ALONSO, HUMBERTO JR.
Address: 5255 NW 87 AVE #400
City-St-Zip: MIAMI, FL 33178**Title:** TD (X) Change () Addition
Name: GARCIA, RICARDO
Address: 5255 NW 87 AVE #400
City-St-Zip: MIAMI, FL 33178

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE E. ALVAREZ

CFO

09/26/2007

Electronic Signature of Signing Officer or Director

Date