

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728509

FILED
Jan 05, 2010
Secretary of State

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
Name: GRAY, BARBARA
Address: 5255 NW 87TH AVE # 400
City-St-Zip: MIAMI, FL 33178

Title: PD
Name: FOX, JOSE R
Address: 5255 N.W. 87TH AVE, SUITE 400
City-St-Zip: MIAMI, FL 33178

Title: SD
Name: ALONSO, HUMBERTO JR.
Address: 5255 NW 87 AVE #400
City-St-Zip: MIAMI, FL 33178

Title: TD
Name: GARCIA, RICARDO
Address: 5255 NW 87 AVE #400
City-St-Zip: MIAMI, FL 33178

Title: D
Name: FUENTES, JOSE
Address: 5255 N.W. 87TH AVENUE, SUITE 400
City-St-Zip: MIAMI, FL 33178 US

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

SIGNATURE: JOSE R. FOX

CEO

01/05/2010

Electronic Signature of Signing Officer or Director

Date