2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2011
Secretary of State

DOCUMENT# 728509

Entity Name: UNITED HOME CARE SERVICES, INC.

Current Principal Place of Business:

8400 N.W. 33RD ST., STE 400
MIAMI, FL 33122 US

New Principal Place of Business:

Current Mailing Address:

8400 N.W. 33RD ST., STE 400
MIAMI, FL 33122 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
8400 NW 33 STREET
SUITE 400
MIAMI, FL 33122 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: 8400 N.W. 33RD ST., STE 400
City-St-Zip: MIAMI, FL 33122 US

Title: PD
Name: FOX, JOSE R
Address: 8400 N.W. 33RD ST., STE 400
City-St-Zip: MIAMI, FL 33122 US

Title: SD
Name: ALONSO, HUMBERTO JR.
Address: 8400 N.W. 33RD ST., STE 400
City-St-Zip: MIAMI, FL 33122 US

Title: TD
Name: GARCIA, RICARDO
Address: 8400 N.W. 33RD ST., STE 400
City-St-Zip: MIAMI, FL 33122 US

Title: D
Name: FUENTES, JOSE
Address: 8400 N.W. 33RD ST., STE 400
City-St-Zip: MIAMI, FL 33122 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 FOX PD 03/02/2011

Electronic Signature of Signing Officer or Director — Date