2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 11, 2012
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: ALONSO, HUMBERTO P JR.
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: SPRINKLE, MARY ANN
Address: 8400 N.W. 33RD ST., STE 400
City-St-Zip: MIAMI, FL 33122 US

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

Title: VD
Name: GARCIA, RICARDO
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 R. FOX PD 04/11/2012

Electronic Signature of Signing Officer or Director — Date