2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# F04000001634

Entity Name: HEALTHY CONNECTIONS HOMECARE SERVICES, INC.

Current Principal Place of Business:

5802 HOFFNER AVE
705
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

1416 N. SAM HOUSTON PKWY E.
190
HOUSTON, TX 770322961

New Mailing Address:

FEI Number: 20-0613209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHN, GEE P
5802 HOFFNER AVE
705
ORLANDO, FL 32822 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: GEE, JOHN P
Address: 1416 N. SAM HOUSTON PARKWAY E., STE 190
City-St-Zip: HOUSTON, TX 77032

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: GEE, JOHN P
Address: 1416 N. SAM HOUSTON PKWY E., STE 190
City-St-Zip: HOUSTON, TX 77032

Title: VP ( ) Change (X) Addition
Name: THOMAS, GAYLYNN
Address: 1416 N. SAM HOUSTO PKWY E. STE 190
City-St-Zip: HOUSTON, TX 77032

Title: TREA ( ) Change (X) Addition
Name: WATERHOUSE, TIMOTHY MD
Address: 1416 N. SAM HOUSTON PKWY E. STE 190
City-St-Zip: HOUSTON, TX 77032

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

SIGNATURE: JOHN P. GEE PRES 01/13/2009

Electronic Signature of Signing Officer or Director — Date