2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# F05000002174

Entity Name: FAMILY HOME HEALTH CENTERS, INC.

Current Principal Place of Business:

801 WEST ANN ARBOR TRAIL, STE. 200
PLYMOUTH, MI 48170

New Principal Place of Business:

801 W. ANN ARBOR TRAIL
SUITE 200
PLYMOUTH, MI 48170

Current Mailing Address:

801 WEST ANN ARBOR TRAIL, STE. 200
PLYMOUTH, MI 48170

New Mailing Address:

801 W. ANN ARBOR TRAIL
SUITE 200
PLYMOUTH, MI 48170

FEI Number: 02-0718322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CEO ( ) Delete
Name: RUARK, KEVIN
Address: 801 W. ANN ARBOR TRAIL SUITE 200
City-St-Zip: PLYMOUTH, MI 48170

Title: CDO ( ) Delete
Name: PILKINGTON, JAMES
Address: 801 W. ANN ARBOR TRAIL SUITE 200
City-St-Zip: PLYMOUTH, MI 48170

Title: CFO ( ) Delete
Name: JAMES, MITCHELL
Address: 801 W ANN ARBOR TRAIL SUITE 200
City-St-Zip: PLYMOUTH, MI 48170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES MITCHELL CFO 04/25/2008

Electronic Signature of Signing Officer or Director — Date