2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2010
Secretary of State

DOCUMENT# F09000003171

Entity Name: CAMBRIDGE HOME HEALTH CARE, INC.

Current Principal Place of Business:

4085 EMBASSY PARKWAY
AKRON, OH 44333

New Principal Place of Business:

Current Mailing Address:

4085 EMBASSY PARKWAY
AKRON, OH 44333

New Mailing Address:

FEI Number: 34-1772291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DILLER-SHIVELY, NANCY
10661 AIRPORT PULLING ROAD
SUITE 9
NAPLES, FL 34109 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: C
Name: DILLER-SHIVELY, NANCY CHAIRMN
Address: 4085 EMBASSY PARKWAY
City-St-Zip: AKRON, OH 44333

Title: V
Name: CROTHERS, MICHAEL
Address: 2200 ROSS AVENUE #4050
City-St-Zip: DALLAS, TX 75201

Title: ST
Name: BAILEY, MICHAEL
Address: 2200 ROSS AVENUE #3838
City-St-Zip: DALLAS, TX 75201

Title: P
Name: NEWBROUGH, JAMES PRESIDE
Address: 4085 EMBASSY PARKWAY
City-St-Zip: AKRON, OH 44333 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES P. NEWBROUGH PRES 03/23/2010

Electronic Signature of Signing Officer or Director — Date