

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H25803

FILED
Mar 15, 2011
Secretary of State

Entity Name: MOBILECARE HOME HEALTH, INC.

Current Principal Place of Business:

1600 S FEDERAL HWY
10TH FLOOR
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1600 S FEDERAL HWY
10TH FLOOR
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 59-2464736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESTRANGE, NILE R
1600 S FEDERAL HWY
10TH FLOOR
POMPANO BEACH, FL 33062 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: DPST
Name: LESTRANGE, NILE R.
Address: 1600 S FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33062

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: NILE R LESTRANGE

OWNE

03/15/2011

Electronic Signature of Signing Officer or Director

Date