2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007
Secretary of State

DOCUMENT# H39873

Entity Name: SSJ MERCY HOME HEALTH, INC.

Current Principal Place of Business:

3663 SOUTH MIAMI AVENUE
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

% LEWIS W. FISHMAN
9130 S DADELAND BLVD #1121
MIAMI, FL 33156

New Mailing Address:

FEI Number: 65-0196005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISHMAN, LEWIS W.
9130 S DADELAND BLVD #1121
MIAMI, FL 33156 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: CHD ( ) Delete
Name: MATUSKA, JOHN E
Address: 3663 SOUTH MIAMI AVE
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: MASHBURN, JERRY,
Address: 3663 SOUTH MIAMI AVE
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: ANTON, III, MANUEL P MD
Address: 3663 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: HAZEL, JOHN
Address: 3663 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33133

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 E MATUSKA CHD 02/23/2007

Electronic Signature of Signing Officer or Director — Date