2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 18, 2009
Secretary of State

DOCUMENT# N08000010387

Entity Name: MIAMI-DADE COALITION FOR RESPONSIBLE HOME HEALTH CARE, INC.

Current Principal Place of Business:

3313 WEST COMMERCIAL BOULEVARD
SUITE 114
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

3313 NW COMMERCIAL BOULEVARD
SUITE 114
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHIELDS, BOBBY L
2350 NW 36 AVENUE
COCONUT CREEK, FL 33066 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: D ( ) Delete
Name: SHIELDS, BOBBY L
Address: 2350 NW 36 AVENUE
City-St-Zip: COCONUT CREEK, FL 33066 US

Title: D ( ) Delete
Name: ACHARYA, NAVIN
Address: 3313 WEST COMMERCIAL BOULEVARD, SUITE 114
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: D ( ) Delete
Name: MERCED, ANN
Address: 3313 WEST COMMERCIAL BOULEVARD, SUITE 114
City-St-Zip: FORT LAUDERDALE, FL 33309 US

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

SIGNATURE: BOBBY L. SHIELDS D 09/18/2009
Electronic Signature of Signing Officer or Director — Date