2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 19, 2007 8:00 am
Secretary of State
02-05-2007 90081 039 ****70.00

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1. Entity Name
UNITED HOME HEALTH CARE, INC.

Principal Place of Business	Mailing Address
5255 N.W. 87TH AVENUE SUITE 400 MIAMI, FL 33166	5255 N.W. 87TH AVENUE SUITE 400 MIAMI, FL 33166

000005637

01292007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1150664 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOX, JOSE R 5255 N.W. 87TH AVENUE SUITE 400 MIAMI, FL 33166	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ~~GRAY, BARBARA~~ ~~100 S BISCAYNE BLVD #1500~~ ~~MIAMI, FL 33131~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Sanches, Ricardo 5255 NW 87 AVC ste# 400 miami, FL 33178	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FOX, JOSE R 5255 NW 87 AVENUE #400 MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~PLANA, NESTOR~~ ~~2511 PONCE DE LEON BLVD, 5TH FLOOR~~ ~~CORAL GABLES, FL 33134~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Fuentes, Jose R. 5255 NW 87 AVC. # 400 miami FL 33178	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~BAIRD, JULIE~~ ~~14760 NW 77 COURT~~ ~~MIAMI LAKES, FL 33016~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD. Frasto, Alex 5255 NW 87 AVC #400 miami, FL 33178	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FLETCHER, JOHN 5300 FIRST UNION 200 BISCAYNE BLVD MIAMI, FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-21-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #