2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 19, 2007 8:00 am
Secretary of State

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DOCUMENT # N98000000364

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

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

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

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 #