

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000364

FILED
Apr 30, 2008
Secretary of State

Entity Name: UNITED HOME HEALTH CARE, INC.

Current Principal Place of Business:

5255 N.W. 87TH AVENUE
SUITE 400
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

5255 N.W. 87TH AVENUE
SUITE 400
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-1150664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, JOSE R
5255 N.W. 87TH AVENUE
SUITE 400
MIAMI, FL 33166 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: CD () Delete
Name: SANCNES, RICARDO
Address: 5255 NW 87TH AVE., 400
City-St-Zip: MIAMI, FL 33178

Title: PD () Delete
Name: FOX, JOSE R
Address: 5255 NW 87 AVENUE #400
City-St-Zip: MIAMI, FL 33178

Title: VD () Delete
Name: FUENTES, JOSE R
Address: 5255 NW 87TH AVE., 400
City-St-Zip: MIAMI, FL 33178

Title: TD () Delete
Name: FRASRE, ALEX
Address: 5255 NW 87TH AVE., 400
City-St-Zip: MIAMI, FL 33178

Title: SD (X) Delete
Name: FLETCHER, JOHN
Address: 5300 FIRST UNION 200 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: FUENTES, JOSE K
Address: 5255 NW 87TH AVE., 400
City-St-Zip: MIAMI, FL 33178

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

Title: SD (X) Change () Addition
Name: ALONSO, HUMBERTO JR
Address: 5255 NW 87TH AVE., 400
City-St-Zip: MIAMI, FL 33178

Title: TD (X) Change () Addition
Name: GARCIA, RICARDO
Address: 5255 NW 87TH AVE., 400
City-St-Zip: MIAMI, FL 33178

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: JOSE E ALVAREZ

CFO

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date