

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000364

FILED  
Jun 24, 2009  
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 ( )  
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:

## Name and Address of New Registered Agent:

FOX, JOSE R  
5255 N.W. 87TH AVENUE  
SUITE 400  
MIAMI, FL 33166 US

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: FUENTES, JOSE K  
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: SD ( ) Delete  
Name: ALONSO, HUMBERTO JR  
Address: 5255 NW 87TH AVE., 400  
City-St-Zip: MIAMI, FL 33178

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

## 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 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 R. FOX

PRES

06/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date