2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000074682

Entity Name: ASSOCIATION OF MEDICAL AND HOME HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

19 WEST HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

19 WEST HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-1062194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INWANG, ENO VICTORIA
877 NORTHEAST 195 STREET
SUITE 222
NORTH MIAMI BEACH, FL 33179

Name and Address of New Registered Agent:

INWANG, GLORY
877 NORTHEAST 195 STREET
SUITE 222
NORTH MIAMI BEACH, FL 33179

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: GI 03/16/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VICE ( ) Delete
Name: MEZA, DANIEL
Address: 206 S.DIXIE HIGHWAY
City-St-Zip: HALLANDALE BCH, FL 33009 US

Title: PRES ( ) Delete
Name: INWANG, VICTORIA-ENO
Address: 877 NE 195ST #222
City-St-Zip: N.MIAMI BEACH, FL 33179 US

Title: VICE ( ) Delete
Name: INWANG, EMMANUEL
Address: 19 W HALLANDALE BCH BLVD
City-St-Zip: HALLANDALE BCH, FL 33009 US

Title: TRES (X) Delete
Name: INWANG, VICTORIA-ENO
Address: 877 NE 195 ST #222
City-St-Zip: N.MIAMI BCH, FL 33179 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: INWANG, VICTORIA-ENO P TITLE
Address: 877 NE 195ST #222
City-St-Zip: N.MIAMI BEACH, FL 33179 US

Title: DIR (X) Change ( ) Addition
Name: INWANG, VICTORIA-ENO P
Address: 877 NE 195ST #222
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: SEC (X) Change ( ) Addition
Name: INWANG, VICTORIA-ENO P
Address: 877 NE 195ST #222
City-St-Zip: N.MIAMI BEACH, FL 33179

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VI PRES 03/16/2002
Electronic Signature of Signing Officer or Director — Date