2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P00000083618

Entity Name: TOTAL HOME HEALTH CARE, INC.

Current Principal Place of Business:

8370 WEST FLAGLER STREET
SUITE #210
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8370 WEST FLAGLER STREET
210
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-1042556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LLANES, MANUEL R
7951 SW 40TH ST, SUITE 206
MIAMI, FL 33155 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: LLANES, MANUEL R
Address: 7951 SW 40TH ST, SUITE 206
City-St-Zip: MIAMI, FL 33155

Title: VS ( ) Delete
Name: NARRO-LLANES, YSABEL
Address: 8500 SW 8TH ST
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL LLANES PTD 04/29/2009

Electronic Signature of Signing Officer or Director — Date