2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005
Secretary of State

DOCUMENT# P03000071942

Entity Name: FLORIDA HOME HEALTH ASSOCIATION,INC.

Current Principal Place of Business:

8180 NW 36 STREET
STE. 316
MIAMI, FL 33166

New Principal Place of Business:

8180 NW 36 STREET
STE.409
MIAMI, FL 33166

Current Mailing Address:

8180 NW 36 STREET
STE. 316
MIAMI, FL 33166

New Mailing Address:

8180 NW 36 STREET
STE. 409
MIAMI, FL 33166

FEI Number: 35-2209508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALFARO, MILKA Y
10020 SW 33RD STREET
MIAMI, FL 33165 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: P ( ) Delete
Name: ALFARO, MILKA Y
Address: 8180 NW 36 STREET . STE 316
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALFARO, MILKA Y
Address: 8180 NW 36 STREET . STE 409
City-St-Zip: MIAMI, FL 33166

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: MILKA Y. ALFARO MRS 02/09/2005

Electronic Signature of Signing Officer or Director — Date