2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 11, 2010
Secretary of State

DOCUMENT# P03000117235

Entity Name: INTEGRAL HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

4471 NW 36TH STREET
218
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

4471 NW 36TH STREET
218
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 20-0321260 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CASADEVALLE, JUAN J
4471 NW 36TH STREET
218
MIAMI SPRINGS, 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: DPT
Name: CASADEVALLE, JUAN J
Address: 4471 NW 36TH STREET, #218
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D
Name: HERANDEZ, LUIS E
Address: 4471 NW 36TH STREET, #218
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D
Name: VALLADARES, LEO
Address: 4471 NW 36TH STREET, #218
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: DS
Name: HERNANDEZ, JORGE L
Address: 4471 NW 36 STREET #218
City-St-Zip: MIAMI SPRINGS, FL 33166

I hereby 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 all other like empowered.

SIGNATURE: JUAN J CASADEVALLE DPT 05/11/2010

Electronic Signature of Signing Officer or Director — Date