2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# P04000008361

Entity Name: UNITED HOME HEALTH CARE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

2860 SCHERER DRIVE
STE 650
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

4920 W. CYPRESS STREET
STE 108
TAMPA, FL 33607

New Mailing Address:

2860 SCHERER DRIVE
STE 650
ST. PETERSBURG, FL 33716

FEI Number: 20-0648598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGARVEY, DEREK
4920 W. CYPRESS STREET
STE 108
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

MCGARVEY, DEREK
2860 SCHERER DRIVE
STE 650
ST. PETERSBURG, FL 33716 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: DEREK MCGARVEY 01/21/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MCGARVEY, DEREK
Address: 4920 W. CYPRESS STREET STE 108
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MCGARVEY, DEREK
Address: 2860 SCHERER DR STE 650
City-St-Zip: ST. PETERSBURG, FL 33716

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: DEREK MCGARVEY PD 01/21/2008
Electronic Signature of Signing Officer or Director Date