2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041124

Entity Name: QUALITY HOME HEALTH AGENCY, INC

FILED May 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1800 WEST 49TH STREET 1800 WEST 49TH STREET

SUITE 305 SUITE 316

HIALEAH, FL 33012 HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

1800 WEST 49TH STREET 1800 WEST 49TH STREET

SUITE 316 SUITE 305

HIALEAH, FL 33012 HIALEAH, FL 33012

FEI Number: 20-0889014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MIRANDA, ONEYDA C MIRANDA, ONEYDA C 1800 WEST 49TH STREET 1800 WEST 49TH STREET SUITE 305 SUITE 316

HIALEAH, FL 33012 US HIALEAH, FL 33012 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: ONEYDA C MIRANDA 05/30/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MIRANDA, ONEYDA C MIRANDA, ONEYDA C Name: Name:

1800 WEST 49TH STREET, STE. 305 Address: 1800 WEST 49TH STREET, STE. 316 Address:

City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33012

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: ONEIDA C MIRANDA **PRES** 05/30/2007

Electronic Signature of Signing Officer or Director

Date