2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2012
Secretary of State

DOCUMENT# P04000119344

Entity Name: PROCARE HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

7545 CENTURION PKWY
SUITE # 302
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7545 CENTURION PKWY
SUITE # 302
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 13-4285896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, KIMBERLY A
7545 CENTURION PKWY
SUITE # 302
JACKSONVILLE, FL 32256 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: PR
Name: THOMPSON, KIMBERLY
Address: 7545 CENTURION PKWY # 302
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP
Name: LUISSER, MARGE
Address: 4552 OAKBROOKE CT.
City-St-Zip: JACKSONVILLE, FL 32277

Title: SEC
Name: THOMPSON, KIMBERLY
Address: 7545 CENTURION PKWY # 302
City-St-Zip: JACKSONVILLE, FL 32256

Title: TRES
Name: LUISSER, MARGE
Address: 4552 OAKBROOKE CT
City-St-Zip: JACKSONVILLE, FL 32277

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: KIMBERLY THOMPSON MRS 02/13/2012

Electronic Signature of Signing Officer or Director — Date