2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 17, 2008
Secretary of State

DOCUMENT# P04000123230

Entity Name: FLORIDA HOME HEALTH CARE PROVIDERS, INC.

Current Principal Place of Business:

4150 NW 7 STREET
SUITE 204
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

4150 NW 7 STREET
SUITE 204
MIAMI, FL 33126

New Mailing Address:

FEI Number: 32-0124867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TELLECHEA, VICENTA
4150 NW 7 STREET
SUITE 204
MIAMI, FL 33126 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: P ( ) Delete
Name: TELLECHEA, VICENTA
Address: 4150 NW 7 STREET, #204
City-St-Zip: MIAMI, FL 33126 US

Title: VP/S ( ) Delete
Name: ZAMBRANA, GLADYS
Address: 4150 NW 7 STREET, #204
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: VICENTA S TELLECHEA PRES 07/17/2008

Electronic Signature of Signing Officer or Director — Date