2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007
Secretary of State

DOCUMENT# P04000140924

Entity Name: CRYSTAL HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

3600 SOUTH STATE ROAD 7, SUITE 350
MIRAMAR, FL 33023

New Principal Place of Business:

6151 MIRMAR PARKWAY
SUITE 300
MIRAMAR, FL 33023

Current Mailing Address:

3600 SOUTH STATE ROAD 7, SUITE 350
MIRAMAR, FL 33023

New Mailing Address:

6151 MIRAMAR PARKWAY
SUITE 300
MIRAMAR, FL 33023

FEI Number: 20-1736527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUNIZ, CASILDA L
4870 NE 5 TERR
FORT LAUDERDALE, FL 33334 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: MUNIZ, CASILDA L
Address: 3600 S ST RD, 7 STE 350
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: MUNIZ, CASILDA L
Address: 4870 NE 5 TERR
City-St-Zip: FORT LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the 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: CASILDA L MUNIZ P 03/09/2007

Electronic Signature of Signing Officer or Director — Date