2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017723

Entity Name: YOUR FAMILY HOME HEALTH CARE SERVICES INC.

FILED Apr 16, 2009 Secretary of State

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

11093 NW 138 ST. 122-123 11093 NW 138 ST. HIALEAH GARDENS, FL 33018 122-123

HIALEAH GARDENS, FL 33018

Current Mailing Address: New Mailing Address:

11093 NW 138 ST. 122-123 11093 NW 138 ST. HIALEAH GARDENS, FL 33018 122-123

HIALEAH GARDENS, FL 33018

FEI Number: 34-2034193 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:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 VAZQUEZ, IDALMIS
 Name:
 VAZQUEZ, IDALMIS T

 Address:
 11093 NW 138 ST. 122-123
 Address:
 11093 NW 138 ST. 122-123

 City-St-Zip:
 HIALEAH GARDENS, FL 33018
 City-St-Zip:
 HIALEAH GARDENS, FL 33018

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: DIANA M GAMEZ ADM 04/16/2009