2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031190

Entity Name: BISHOP HOME CARE, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1627 EAST 8TH STREET JACKSONVILLE, FL 32206 **Current Mailing Address: New Mailing Address:** 1591 LANE AVENUE SOUTH 1627 EAST 8TH STREET 113T JACKSONVILLE, FL 32206 JACKSONVILLE, FL 32210 FEI Number: 20-2539329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BISHOP, ARTHUR MCGEE, MARY R PRES 8090 ATLANTIC BLVD. APT C417 1591 LANE AVENUE S., #113T JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32210 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: MARY R MCGEE 05/01/2009 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 (X) Change () Addition BISHOP, ARTHUR MCGEE, GEORGE Name: Name: 1591 LANE AVENUE S., #113T 8090 ATLANTIC BLVD APT. C417 Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32211 PC Title: Title: () Delete (X) Change () Addition Name: MCGEE, MARY R Name: MCGEE, MARY R 1591 LANE AVEUNUE SOUTH 113TH 8090 ATLANTIC BLVD APT. C417 Address: Address: JACKSONVILLE, FL 32210 JACKSONVILLE, FL 3221 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: MVP () Delete MCGEE, GEORGE JR BISHOP, ARTHUR MD Name: Name: 1591 LANE AVE SOUTH 113TH 1591 LANE AVE SOUTH 113TH Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32210 Title: () Delete Title: () Change () Addition BISHOP, LATTIA M Name: Name: 1591 LANE AVENUE SOUTH 113TH Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: Title: () Delete () Change (X) Addition HARPER, ALICIA R Name: Name: Address: Address: 1435 AUTUMN OAKS DRIVE City-St-Zip: City-St-Zip: JACKSON, MS 39211

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: MARY R MCGEE PRES 05/01/2009