2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# P05000048313

Entity Name: HC NURSING SERVICES, INC.

Current Principal Place of Business:

9201 COLLINS AVE.
1124
SURFSIDE, FL 33154

New Principal Place of Business:

1330 WEST AVE
2705
MIAMI BEACH, FL 33139

Current Mailing Address:

9201 COLLINS AVE.
1124
SURFSIDE, FL 33154

New Mailing Address:

1330 WEST AVE
2705
MIAMI BEACH, FL 33139

FEI Number: 20-2609992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABRERA, HECTOR J
9201 COLLINS AVE.
1124
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

CABRERA, HECTOR J
1330 WEST AVE
2705
MIAMI BEACH, FL 33139 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: _____ 03/19/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: CABRERA, HECTOR J
Address: 9201 COLLINS AVE. APT.# 1124
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: CABRERA, HECTOR J
Address: 1330 WEST AVE # 2705
City-St-Zip: MIAMI BEACH, FL 33139

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: HECTOR J. CABRERA PTD 03/19/2009
Electronic Signature of Signing Officer or Director — Date