2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087918

Entity Name: TRI-COUNTY HOMECARE OF FLORIDA INC.

FILED Jan 24, 2009 Secretary of State

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

2514 HOLLYWOOD BLVD. STE 203 HOLLYWOOD, FL 33020

Current Mailing Address: New Mailing Address:

PO BOX 220318 HOLLYWOOD, FL 33022

FEI Number: 03-0585934 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:

STEPHENSON, YOLANDE
2501 S. OCEAN DRIVE
#1438
HOLLYWOOD, FL 33019 US
STEPHENSON, YOLANDE
2514 HOLLYWOOD BLVD
STE. 203
HOLLYWOOD, FL 33020 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.

in the State of Florida.

SIGNATURE: YOLANDE STEPHENSON 01/24/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition STEPHENSON, YOLANDE STEPHENSON, YOLANDE Name: Name: 2501 S. OCEAN DRIVE Address: 2514 HOLLYWOOD BLVD, STE 203 Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: HOLLYWOOD, FL 33020

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: YOLANDE STEPHENSON DIR 01/24/2009