2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000115459

Entity Name: FLORIDACARE HOME HEALTH, CORP.

FILED Apr 26, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

633 NE 167 ST - STE 517 6801 NW 77 AVE N MIAMI BEACH, FL 33162 102

MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

633 NE 167 ST - STE 517 6801 NW 77 AVE N MIAMI BEACH, FL 33162 102

MIAMI, FL 33166

FEI Number: 20-3331390 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:

RODRIGUEZ, YOVAN
633 NE 167 ST - STE 517
N MIAMI BEACH, FL 33162 US
RODRIGUEZ, YOVAN
6801 NW 77 AVE
102

MIAMI, FL 33166 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: YOVAN RODRIGUEZ 04/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

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

 Name:
 RODRIGUEZ, YOVAN
 Name:
 RODRIGUEZ, YOVAN

 Address:
 633 NE 167 ST - STE 517
 Address:
 6801 NW 77 AVE

 City-St-Zip:
 N MIAMI BEACH, FL 33162
 City-St-Zip:
 MIAMI, FL 33166

Title: VP/S () Delete Title: VP/S (X) Change () Addition Name: RODRIGUEZ, CARLOS Name: RODRIGUEZ, CARLOS

 Name:
 RODRIGUEZ, CARLOS
 Name:
 RODRIGUEZ, CAR

 Address:
 633 NE 167 ST - STE 517
 Address:
 6801 NW 77 AVE

 City-St-Zip:
 N MIAMI BEACH, FL 33162
 City-St-Zip:
 MIAMI, FL 33166

 Name:
 ESCALONA, DEISY A
 Name:
 ESCALONA, DEISY A

 Address:
 633 NE 167 ST - STE 517
 Address:
 6801 NW 77 AVE

 City-St-Zip:
 N MIAMI BEACH, FL 33162
 City-St-Zip:
 MIAMI, FL 33166

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: YOVAN RODRIGUEZ PRES 04/26/2007