2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P05000124247

Entity Name: COMMUNITY HOMECARE SERVICES, INC.

Current Principal Place of Business:

20190 SW 75TH ST
DUNNELLON, FL 34431

New Principal Place of Business:

20789 WALNUT STREET
DUNNELLON, FL 34431

Current Mailing Address:

20190 SW 75TH ST
DUNNELLON, FL 34431

New Mailing Address:

PO BOX 1313
DUNNELLON, FL 34431

FEI Number: 20-3449085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEFFIELD, LISA F
20170 E PENNSYLVANIA AVE
DUNNELLON, FL 34432 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: STROBEL, STEPHANIE F
Address: 20190 SW 75TH ST
City-St-Zip: DUNNELLON, FL 34431

Title: VP ( ) Delete
Name: STROBEL, VINCENT T
Address: 20190 SW 75TH ST
City-St-Zip: DUNNELLON, FL 34431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: STEPHANIE F STROBEL PRES 04/28/2008

Electronic Signature of Signing Officer or Director — Date