2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P05000131267

Entity Name: CARE PLUS HOME HEALTH AGENCY INC.

Current Principal Place of Business:

352 NE 167 STREET
SUITE D
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

352 NE 167 STREET
SUITE D
MIAMI, FL 33162

New Mailing Address:

FEI Number: 59-3829080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORIN, MARIE M
352 NE 167 STREET
SUITE D
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

MORIN, MARIE M
14855 SW 39 CT
MIRAMAR, FL 33027 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: 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MORIN, MARIE M
Address: 14855 SW 39 CT
City-St-Zip: MIRAMAR, FL 33027 US

Title: DT ( ) Delete
Name: MORIN, EMMANUEL
Address: 2320 SE MARIUS
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DS ( ) Delete
Name: BELLEVUE, JULIE
Address: 2320 SE MARIUS
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change ( ) Addition
Name: MORIN, WILFRID
Address: 14855 SW 39 CT
City-St-Zip: MIRAMAR, FL 33027

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: MARIE MAUD MORIN DP 04/30/2009
Electronic Signature of Signing Officer or Director — Date