2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# P06000032193

Entity Name: CAREFLORIDA HOME HEALTH SERVICES INC.

Current Principal Place of Business:

4180 W 12 AVE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

PO BOX 14-4131
CORAL GABLES, FL 33114

New Mailing Address:

4180 W 12 AVE
HIALEAH, FL 33012

FEI Number: 84-1707529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, MANUEL R ESQ.
770 PONCE DE LEON BOULEVARD
PENTHOUSE SUITE
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: DPT
Name: BALESTENA, ANTONIO T
Address: 4180 W 12 AVE
City-St-Zip: HIALEAH, FL 33012

Title: DVPS
Name: FERNANDEZ, JORGE L
Address: 4180 W 12 AVE
City-St-Zip: HIALEAH, FL 33012

I hereby 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 all other like empowered.

SIGNATURE: ANTONIO BALESTENA CEO 04/25/2012

Electronic Signature of Signing Officer or Director — Date