2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P06000041444

Entity Name: DOCTOR'S CHOICE HOME HEALTH CARE, INC.

Current Principal Place of Business:

1490 WEST 49TH PLACE
SUITE 312
HIALEAH, FL 33012

New Principal Place of Business:

1745 WEST 37 ST
UNIT 17
HIALEAH, FL 33012

Current Mailing Address:

1490 WEST 49TH PLACE
SUITE 312
HIALEAH, FL 33012

New Mailing Address:

1745 WEST 37 ST
UNIT 17
HIALEAH, FL 33012

FEI Number: 22-3923142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PSTD ( ) Delete
Name: YEE, ANA MARIA
Address: 1490 WEST 49TH PLACE, SUITE 312
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: YEE, ANA MARIA
Address: 1745 WEST 37 ST UNIT 17
City-St-Zip: HIALEAH, FL 33012

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: ANA MARIA YEE PRES 04/29/2009

Electronic Signature of Signing Officer or Director — Date