2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# P06000060941

Entity Name: NURSING ALLIANCE HOME CARE INC.

Current Principal Place of Business:

1333 CORAL WAY SUITE 102
MIAMI, FL 33145

New Principal Place of Business:

1333 CORAL WAY SUITE 101
MIAMI, FL 33145

Current Mailing Address:

1333 CORAL WAY SUITE 102
MIAMI, FL 33145

New Mailing Address:

1333 CORAL WAY SUITE 101
MIAMI, FL 33145

FEI Number: 20-4807220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CENTO, ANABEL
1333 CORAL WAY SUITE 102
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

CENTO, ANABEL
1333 CORAL WAY SUITE 101
MIAMI, FL 33145 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: _____ 03/31/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MARTINEZ, PEDRO L
Address: 1333 CORAL WAY SUITE 102
City-St-Zip: MIAMI, FL 33145

Title: DVP ( ) Delete
Name: CENTO, ANABEL
Address: 1333 CORAL WAY SUITE 102
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MARTINEZ, PEDRO L
Address: 1333 CORAL WAY SUITE 101
City-St-Zip: MIAMI, FL 33145

Title: DVP (X) Change ( ) Addition
Name: CENTO, ANABEL
Address: 1333 CORAL WAY SUITE 101
City-St-Zip: MIAMI, FL 33145

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: PEDRO L. MARTINEZ DP 03/31/2009
Electronic Signature of Signing Officer or Director — Date