2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P06000063142

Entity Name: DONCARE HEALTH ASSOCIATES, INC.

Current Principal Place of Business:

10220 REFLECTIONS BLVD. W.
SUITE 207
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

10220 REFLECTIONS BLVD. W.
SUITE 207
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-4807278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARON, KEITH D JD
10200 REFLECTIONS BLVD.
APARTMENT 104
SUNRISE, FL 33351 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: LOVE, CORAN L
Address: 10220 REFLECTIONS BLVD. WEST - SUITE 207
City-St-Zip: SUNRISE, FL 33351

Title: VP ( ) Delete
Name: WEISS, DONNA
Address: -2801 N.E. 183RD STREET, SUITE 1117
City-St-Zip: AVENTURA, FL 33160

Title: DIR ( ) Delete
Name: BARON, KEITH D J.D.
Address: 10200 REFLECTIONS BLVD. WEST - APT. 104
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CARAN LOVE P 04/30/2009

Electronic Signature of Signing Officer or Director — Date