2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008
Secretary of State

DOCUMENT# P06000100857

Entity Name: ATLANTIC COASTAL SERVICES HOME CARE, INC.

Current Principal Place of Business:

2400 E LAS OLAS BLVD. SUITE 355
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

401 E. LAS OLAS BLVD.
SUITE 130-355
FT. LAUDERDALE, FL 33301

Current Mailing Address:

2400 E LAS OLAS BLVD. SUITE 355
FT. LAUDERDALE, FL 33301

New Mailing Address:

401 E. LAS OLAS BLVD.
SUITE 130-355
FT. LAUDERDALE, FL 33301

FEI Number: 59-3796261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, MAL E
2400 E LAS OLAS BLVD. SUITE 355
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

JONES, MAL E
401 E. LAS OLAS BLVD.
SUITE 130-355
FT. LAUDERDALE, FL 33301 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: _____ 08/25/2008
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JONES, MAL E
Address: 2400 E LAS OLAS BLVD. SUITE 355
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: DIR ( ) Delete
Name: JONES, SHERRY M
Address: 2400 E. LAS OLAS BLVD SUITE 355
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: JONES, SHERRY M
Address: 401 E. LAS OLAS BLVD. SUITE 130-355
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: PD (X) Change ( ) Addition
Name: JONES, MAL E
Address: 401 E. LAS OLAS BLVD SUITE 130-355
City-St-Zip: FT. LAUDERDALE, FL 33301

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: MAL E. JONES PD 08/25/2008
Electronic Signature of Signing Officer or Director — Date