2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P06000105474

Entity Name: SOUTH FLORIDA SENIOR CARE INC.

Current Principal Place of Business:

22712 SW 103 CT
MIAMI, FL 33190

New Principal Place of Business:

5247 SW 153 AVE
MIAMI, FL 33185

Current Mailing Address:

22712 SW 103 CT
MIAMI, FL 33190

New Mailing Address:

5247 SW 153 AVE
MIAMI, FL 33185

FEI Number: 20-5367698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERO, MARIA A
22712 SW 103 CT
MIAMI, FL 33190 US

Name and Address of New Registered Agent:

RIVERO, MARIA A
5247 SW 153 AVE
MIAMI, FL 33185 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: _____ 03/23/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RIVERO, MARIA A
Address: 5247 SW 153 AVE
City-St-Zip: MIAMI, FL 33185

Title: S ( ) Delete
Name: RIVERO, ARCENIO F
Address: 5247 SW 153 AVE
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARIA AURORA RIVERO PV 03/23/2009
Electronic Signature of Signing Officer or Director — Date