

PO6000111749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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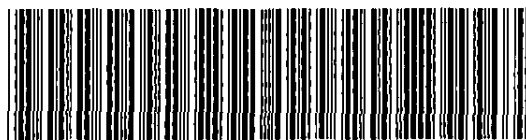
(Business Entity Name)

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To whom this may concern:

Florida Profit Corporation

DIRECT CARE HOME HEALTH, INC.

Filing Information

Document Number P06000111749

FEI/EIN Number 205637648

Please change the address of the following from:

1361 Royal Palm Square Blvd., Suite 1
Fort Myers, FL 33907

to:

1361 Royal Palm Square Blvd., Suite 3
Fort Myers, FL 33907

Thank you!