2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2012
Secretary of State

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Entity Name: DIRECT CARE HOME HEALTH, INC.

Current Principal Place of Business:

1361 ROYAL PALM SQUARE BLVD., STE. 3
FORT MYERS, FL 33907

New Principal Place of Business:

1361 ROYAL PALM SQUARE BLVD., STE. 3
FORT MYERS, FL 33919

Current Mailing Address:

1361 ROYAL PALM SQUARE BLVD., STE. 3
FORT MYERS, FL 33907

New Mailing Address:

1361 ROYAL PALM SQUARE BLVD., STE. 3
FORT MYERS, FL 33919

FEI Number: 20-5637648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WUNDERLICH, DAVID L
1361 ROYAL PALM SQ BLVD #3
FORT MYERS, FL 33919 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

OFFICERS AND DIRECTORS:

Title: PD
Name: WUNDERLICH, DAVID L
Address: 1361 ROYAL PALM SQ BLVD #3
City-St-Zip: FORT MYERS, FL 33919

Title: VD
Name: WUNDERLICH, PAULA J
Address: 1361 ROYAL PALM SQ BLVD #3
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: PAULA WUNDERLICH VP 04/11/2012

Electronic Signature of Signing Officer or Director — Date