2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007
Secretary of State

DOCUMENT# P06000116653

Entity Name: FLORIDA FAMILY HOME HEALTH CARE, INC.

Current Principal Place of Business:

17023 SW 149 PL
MIAMI, FL 33187

New Principal Place of Business:

12905 SW 132 STREET
3B
MIAMI, FL 33186

Current Mailing Address:

17023 SW 149 PL
MIAMI, FL 33187

New Mailing Address:

12905 SW 132 STREET
3B
MIAMI, FL 33186

FEI Number: 20-5518871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASCUNCE, HILDELISA
17023 SW 149 PL
MIAMI, FL 33187 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: PT ( ) Delete
Name: ASCUNCE, HILDELISA M
Address: 17023 SW 149 PL
City-St-Zip: MIAMI, FL 33187

Title: VS ( ) Delete
Name: GUTIERREZ, FRANCISCO
Address: 18930 NW 57 AVE #206
City-St-Zip: MIAMI, FL 33015

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: PAEZ, JORGE L
Address: 17023 SW 149 PL
City-St-Zip: MIAMI, FL 33187

Title: S ( ) Change (X) Addition
Name: ASCUNCE, LILIAN
Address: 6114 SW 158 PASS
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the 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: HILDELISA ASCUNCE P 02/08/2007

Electronic Signature of Signing Officer or Director — Date