2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# P06000116653

Entity Name: FLORIDA FAMILY HOME HEALTH CARE, INC.

Current Principal Place of Business:

13501 SW 136 ST STE 103
MIAMI, FL 33186

New Principal Place of Business:

13501 SW 136 ST
SUITE 103
MIAMI, FL 33186

Current Mailing Address:

13501 SW 136 ST STE 103
3B
MIAMI, FL 33186

New Mailing Address:

13501 SW 136 ST
SUITE 103
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

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: PTD ( ) Delete
Name: ASCUNCE, HILDELISA M
Address: 13501 SW 136TH STREET STE 103
City-St-Zip: MIAMI, FL 33186

Title: VD ( ) Delete
Name: PAEZ, JORGE L
Address: 13501 SW 136TH STREET STE 103
City-St-Zip: MIAMI, FL 33186

Title: S ( ) Delete
Name: PAEZ, IBETTY
Address: 13501 SW 136TH STREET STE 103
City-St-Zip: MIAMI, FL 33186

Title: VD ( ) Delete
Name: SILVA VAZQUEZ, XIOMARA E
Address: 13501 SW 136TH STREET STE 103
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: ASCUNCE, HILDELISA M
Address: 13501 SW 136TH STREET STE 103
City-St-Zip: MIAMI, FL 33186

Title: VP (X) Change ( ) Addition
Name: PAEZ, JORGE L
Address: 13501 SW 136TH STREET STE 103
City-St-Zip: MIAMI, FL 33186

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

Title: VP (X) Change ( ) Addition
Name: SILVA VAZQUEZ, XIOMARA E
Address: 13501 SW 136TH STREET STE 103
City-St-Zip: MIAMI, FL 33186

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: HIDELISA ASCUNCE PT 05/06/2009

Electronic Signature of Signing Officer or Director — Date