2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

DOCUMENT# P06000116653

Entity Name: FLORIDA FAMILY HOME HEALTH CARE, INC.

Current Principal Place of Business:

13303 SW 135 AVE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13303 SW 135 AVE
MIAMI, FL 33186

New Mailing Address:

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

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

OFFICERS AND DIRECTORS:

Title: PT
Name: ASCUNCE, HILDELISA M
Address: 13303 SW 135 AVE
City-St-Zip: MIAMI, FL 33186

Title: VP
Name: PAEZ, JORGE L
Address: 13303 SW 135 AVE
City-St-Zip: MIAMI, FL 33186

Title: S
Name: PAEZ, IBETTY
Address: 13303 SW 135 AVE
City-St-Zip: MIAMI, FL 33186

Title: VP
Name: SILVA VAZQUEZ, XIOMARA E
Address: 13303 SW 135 AVE
City-St-Zip: MIAMI, FL 33186

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: HILDELISA ASCUNCE PRES 04/22/2011

Electronic Signature of Signing Officer or Director — Date