2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2010
Secretary of State

DOCUMENT# P06000133031

Entity Name: LIMED HOME HEALTH CARE, INC.

Current Principal Place of Business:

342 EAST 9TH STREET
SUITE # 203
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

342 EAST 9TH STREET
SUITE # 203
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 20-5751177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LI MORERA, ALFONSO
4500 WEST 19TH COURT
APT. D-333
HIALEAH, FL 33012 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: P
Name: LI MORERA, ALFONSO
Address: 4500 WEST 19TH COURT APT D-333
City-St-Zip: HIALEAH, FL 33012

Title: VP
Name: LI MORERA, ALFONSO
Address: 4500 WEST 19TH COURT APT D-333
City-St-Zip: HIALEAH, FL 33012

Title: TREA
Name: LI MORERA, ALFONSO
Address: 4500 WEST 19TH COURT APT D-333
City-St-Zip: HIALEAH, FL 33012

Title: SECR
Name: LI MORERA, ALFONSO
Address: 4500 WEST 19TH COURT APT D-333
City-St-Zip: HIALEAH, FL 33012

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: ALFONSO LI MORERA P 01/13/2010

Electronic Signature of Signing Officer or Director — Date