2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# P06000133031

Entity Name: LIMED HOME HEALTH CARE, INC.

Current Principal Place of Business:

815 NW 57TH AVE
#217
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

815 NW 57TH AVE
#217
MIAMI, FL 33126

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:

RESTREPO, MAURO
342 EAST 9TH ST
STE 203
HIALEAH, FL 33010 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: P
Name: RESTREPO, MAURO
Address: 342 EAST 9TH ST., STE 203
City-St-Zip: HIALEAH, FL 33010

Title: VSD
Name: NUNEZ, IGOR
Address: 815 NW 57TH AVE #217
City-St-Zip: MIAMI, FL 33126

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: MAURO RESTREPO P 04/30/2012

Electronic Signature of Signing Officer or Director — Date