2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138121

City-St-Zip:

MIAMI, FL 33165

Entity Name: TOP NOTCH HOME HEALTH SERVICES, INC.

FILED Apr 20, 2009 Secretary of State

| Current P | rincipal Pl | ace of Business: | New Prin | New Principal Place of Business: | | |
|---|--|------------------------------------|---|---|---------------|--|
| 14187 S.W MIAMI, FL | | | | | | |
| Current Mailing Address: | | | New Mail | New Mailing Address: | | |
| 13351 SW UNIT F MIAMI, FL | | | 10375 SW MIAMI, FL | | | |
| FEI Number: | 51-0611213 | FEI Number Applied For (|) FEI Number Not App | olicable () Certificate of Status De | sired () | |
| Name and Address of Current Registered Agent: | | | t: Name and | Name and Address of New Registered Agent: | | |
| RICARDO 10375 SW MIAMI, FL | 30 ST | US | | | | |
| The above in the State | | | the purpose of changing | its registered office or registered age | ent, or both, | |
| SIGNATUR | RE: | | | | | |
| | Elec | tronic Signature of Registered | d Agent | Date | | |
| Election Car | npaign Finar | ncing Trust Fund Contribution (). | | | | |
| OFFICERS | S AND DIR | ECTORS: | ADDITIO | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | P RICARDO, 13351 SW MIAMI, FL | 88 TERR | Title: Name: Address: City-St-Zip: | P (X) Change () Addition RICARDO, MARILYN 10375 SW 30 ST MIAMI, FL 33165 US | | |
| Title: Name: Address: City-St-Zip: | V MERLANO 13351 SW MIAMI, FL | 88 TERR | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: | T RICARDO, 10375 SW | () Delete FRANK 30 STREET | Title: Name: Address: | () Change () Addition | | |

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.

City-St-Zip:

SIGNATURE: MARILYN RICARDO P 04/20/2009