2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P06000150687

Entity Name: MYCARE HOME HEALTH, INC.

Current Principal Place of Business:

8208 CORTEZ RD WEST
STE #3
BRADENTON,, FL 34210

New Principal Place of Business:

Current Mailing Address:

8208 CORTEZ RD WEST
STE #3
BRADENTON,, FL 34210

New Mailing Address:

FEI Number: 20-8004407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRY, SUSAN
12065 NW 49 DRIVE
CORAL SPRINGS, FL 33076 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: PRES ( ) Delete
Name: PERRY, SUSAN
Address: 12065 NW 49 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP ( ) Delete
Name: COLE, FLORCITA
Address: 134 NE NARANJA AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: SEC ( ) Delete
Name: THOMPSON, JUANETTA
Address: 325 MEDINA COURT
City-St-Zip: KISSIMMEE, FL 34750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: SUSAN F. PERRY PD 04/24/2009

Electronic Signature of Signing Officer or Director — Date