

PO 7000012107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

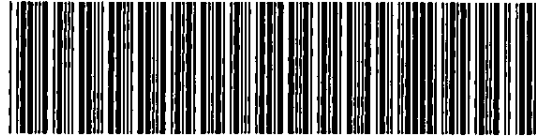
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PA Change  
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07 APR -6 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FIRST CARE HOME HEALTH SERVICES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000012107

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIO MENA  
(Name of Contact Person)

FIRST CARE HOME HEALTH SERVICES, INC.  
(Firm/Company)

3750 W 16 AVE, STE:142-U  
(Address)

HIALEAH, FL. 33012  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIO MENA at ( 305 ) 772-0127  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FIRST CARE HOME HEALTH SERVICES, INC.
2. The principal office address: 3750 W 16 AVE, STE:142-U  
HIALEAH, FL. 33012
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/26/2007 Document number: P07000012107
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARIO MENA

6341 HUTCHINSON RD

(P.O. Box NOT acceptable)

MIAMI LAKES, FL. 33014

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer or director)

Mario Mena President  
(Printed or typed name and title)

I, [Signature], do hereby accept the appointment as registered agent and agree to act in this capacity, and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this change is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
(Signature of Registered Agent)

4/2/2007  
(Date)

\_\_\_\_\_  
(Name of an entity)

\_\_\_\_\_  
(Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314