2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 16, 2009
Secretary of State

DOCUMENT# P07000027371

Entity Name: DADE HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

7875 SW 40 STREET
216
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7875 SW 40 STREET
216
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-8549326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOREJON, NAYLET I
7875 SW 40 STREET
216
MIAMI, FL 33155 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: PTS ( ) Delete
Name: MOREJON, NAYLET
Address: 7875 SW 40 STREET STE 216
City-St-Zip: MIAMI, FL 33155

Title: VP (X) Delete
Name: ARENAS, LEONEL
Address: 7875 SW 40 STREET STE 216
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: MOREJON, NAYLET
Address: 7875 SW 40 STREET STE 216
City-St-Zip: MIAMI, FL 33155

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: NAYLET MOREJON P 09/16/2009

Electronic Signature of Signing Officer or Director — Date