2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2010
Secretary of State

DOCUMENT# P07000051000

Entity Name: WELLNESS HOME HEALTH CARE AGENCY, INC

Current Principal Place of Business:

6447 MIAMI LAKES DR. EAST
225F
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

6447 MIAMI LAKES DR. EAST
225F
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 30-0417193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FABELO, OSVALDO D
6447 MIAMI LAKES DR. EAST
225F
MIAMI LAKES, FL 33014 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: P
Name: FABELO, OSVALDO D
Address: 19701 E. LAKE DR
City-St-Zip: HIALEAH, FL 33015

Title: VP
Name: FABELO, OSVALDO
Address: 19701 E. LAKE DR.
City-St-Zip: HIALEAH, FL 33015

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: OSVALDO D. FABELO P 04/01/2010

Electronic Signature of Signing Officer or Director — Date