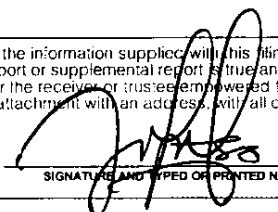


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90011 032 ***150.00

DOCUMENT # P07000061146 1. Entity Name SPECIAL CARE HOME HEALTH AGENCY, INC.					
Principal Place of Business 941-A SW 87 AVENUE MIAMI, FL 33174			Mailing Address 941-A SW 87 AVENUE MIAMI, FL 33174		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 26-0221865				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ PRATZ, MIGUEL 941-A SW 87 AVENUE MIAMI, FL 33174			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P LA O RAMOS, RAIDEL 4271 NW 18 STREET # 302 MIAMI, FL 33126	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P LaO Ramos, Raidel 681 E 48 St Hialeah, FL 33013.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP RODRIGUEZ PRATZ, MIGUEL 4705 NW 7 STREET # 410 MIAMI, FL 33126	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Rodriguez Pratz, Miguel. 215 SW 42 Ave Miami, FL 33134.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Miguel Rodriguez Pratz SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	