2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# P07000071544

Entity Name: DIVERSIFIED HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

20401 NW 2ND AVE
301-A
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

20401 NW 2ND AVE
301-A
MIAMI, FL 33169

New Mailing Address:

FEI Number: 26-0405029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JAMES, PORTIA M
1130 NW 90 ST.
MIAMI, FL 33150 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: P
Name: JAMES, PORTIA M
Address: 1130 NW 90TH STREET
City-St-Zip: MIAMI, FL 33150

Title: VP
Name: LAWRENCE, AUDREY
Address: 21205 NW 14TH PLACE #219
City-St-Zip: MIAMI GARDENS, FL 33169

Title: S
Name: SMITH, BARBARA D
Address: 18921 NE 1 PL.
City-St-Zip: MIAMI, FL 33179

Title: T
Name: LIVINGSTON, JOSEPHINE
Address: 2960 NW 163RD STREET
City-St-Zip: MIAMI, FL 33054

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: PORTIA M. JAMES PRES 04/24/2012

Electronic Signature of Signing Officer or Director — Date