2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000077650

Entity Name: ADVANCED NURSING HOMECARE SERVICES INC.

Apr 22, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15271 NW 60TH AVE SUITE 102 15271 NW 60TH AVE SUITE 101 MIAMI LAKES, FL 33014

MIAMI LAKES, FL 33014

Current Mailing Address: New Mailing Address:

15271 NW 60TH AVE SUITE 102 15271 NW 60TH AVE SUITE 101

MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014

FEI Number: 74-3220749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRITO, NELSON BRITO, NELSON

15271 NW 60TH AVE SUITE 102 15271 NW 60TH AVE SUITE 101 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014

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: NELSON BRITO 04/22/2010

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name: BRITO, NELSON

15271 NW 60TH AVE STE 101 Address:

City-St-Zip: MIAMI, FL 33014

Title: VPD

Name: LOPEZ, GRISEL

15271 NW 60 AVE STE 101 Address:

MIAMI, FL 33014 City-St-Zip:

Title:

LOPEZ, SUCET Name:

15271 NW 60 AVE STE 101 Address:

City-St-Zip: MIAMI, FL 33014

Title:

LOPEZ, JORGE Name:

Address: 15271 NW 60 AVE STE 101

City-St-Zip: MIAMI, FL 33014

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: NELSON BRITO PD 04/22/2010