2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000081495

Entity Name: 1ST HOME HEALTH CARE INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7815 SW 24 ST STE #100 7815 SW 24 ST MIAMI, FL 33155 100 MIAMI, FL 33155 **Current Mailing Address: New Mailing Address:** 7815 SW 24 ST STE #100 7815 SW 24 ST MIAMI, FL 33155 100 MIAMI, FL 33155 FEI Number: 77-0697763 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: TEJEDA, MAIRIM TEJEDA, MAIRIM 7815 SW 24 ST STE #100 7815 SW 24 ST MIAMI, FL 33155 100 MIAMI, FL 33155 US 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: 04/30/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ESCARDA, MARIA D Name: Name: 7815 SW 24 ST STE #100 Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: () Delete Title: DV Title: () Change () Addition Name: TEJEDA, MAIRIM Name: 7815 SW 24 ST STE #100 Address: Address: MIAMI, FL 33155 City-St-Zip: 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: MARIA D. ESCARDA P 04/30/2008