2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# P07000088940

Entity Name: ACCLAIM HOME HEALTHCARE, INC.

Current Principal Place of Business:

10300 SW 72 STREET
SUITE 303
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

10300 SW 72 STREET
SUITE 303
MIAMI, FL 33173

New Mailing Address:

FEI Number: 26-0673021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVERA, ORELVIS
7713 SW 88 ST
APT A101
MIAMI, FL 33156 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: VP
Name: CONRADO, ROBLEJO-AGUILE
Address: 7713 SW 88 ST, APT. A101
City-St-Zip: MIAMI, FL 33156

Title: P
Name: OLIVERA, ORELVIS
Address: 7713 SW 88 ST, APT A101
City-St-Zip: MIAMI, FL 33156

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: ORELVIS OLIVERA PT 02/18/2011

Electronic Signature of Signing Officer or Director — Date