2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P07000107966

Entity Name: ACCESS NURSECARE, INC.

Current Principal Place of Business:

319 NE 167 STREET
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

2500 N. UNIVERSITY DRIVE
SUNRISE, FL 33322 US

Current Mailing Address:

PO BOX 640950
MIAMI, FL 33164 US

New Mailing Address:

FEI Number: 26-1085867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCLEAN, AUDREYA K
319 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

MCLEAN, AUDREYA K
2500 N. UNIVERSITY DRIVE
SUNRISE, FL 33322 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: 03/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: NABAKA, JOSEPH O
Address: 319 N. E. 167TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: PD ( ) Delete
Name: MCLEAN, AUDREYA K
Address: 319 NE 167TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S ( ) Delete
Name: MCLEAN, AUDREYA K
Address: 319 NE 167TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: NABAKA, JOSEPH O
Address: 2500 N. UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33322

Title: PD (X) Change ( ) Addition
Name: MCLEAN, AUDREYA K
Address: 2500 N. UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33322

Title: S (X) Change ( ) Addition
Name: MCLEAN, AUDREYA K
Address: 2500 N. UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33322

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: AUDREYA K.MCLEAN PD 03/24/2009
Electronic Signature of Signing Officer or Director — Date