2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# P07000107966

Entity Name: ACCESS NURSECARE, INC.

Current Principal Place of Business:

2500 N. UNIVERSITY DRIVE
SUNRISE, FL 33322 US

New Principal Place of Business:

2500 N. UNIVERSITY DRIVE
SUITE 2
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 ( )**

Name and Address of Current Registered Agent:

MCLEAN, AUDREYA K
2500 N. UNIVERSITY DRIVE
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

MCLEAN, AUDREYA K
2500 N. UNIVERSITY DRIVE
SUITE 2
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: _____ 02/17/2011

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: NABAKA, JOSEPH O
Address: 2500 N. UNIVERSITY DRIVE, SUITE 2
City-St-Zip: SUNRISE, FL 33322

Title: PD
Name: MCLEAN, AUDREYA K
Address: 2500 N. UNIVERSITY DRIVE, SUITE 2
City-St-Zip: SUNRISE, FL 33322

Title: S
Name: MCLEAN, AUDREYA K
Address: 2500 N. UNIVERSITY DRIVE, SUITE 2
City-St-Zip: SUNRISE, FL 33322

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: AUDREYA MCLEAN PD 02/17/2011

Electronic Signature of Signing Officer or Director — Date