

## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000132728

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: ALIK HOME HEALTH CARE, INC.

### Current Principal Place of Business:

8000 SW 149TH AVENUE  
APT. A411  
MIAMI, FL 33193

### New Principal Place of Business:

5635 SW 163 PATH  
MIAMI, FL 33193

### Current Mailing Address:

8000 SW 149TH AVENUE  
APT. A411  
MIAMI, FL 33193

### New Mailing Address:

5635 SW 163 PATH  
MIAMI, FL 33193

FEI Number: 26-1602278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### Name and Address of Current Registered Agent:

LLANES, ALIK  
8000 SW 149TH AVENUE  
APT. A411  
MIAMI, FL 33193 US

### Name and Address of New Registered Agent:

LLANES, ALIK  
5635 SW 163 PATH  
MIAMI, FL 33193 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: ALIK LLANES

03/12/2009

Electronic Signature of Registered Agent

Date

### OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LLANES, ALIK  
Address: 8000 SW 149TH AVE, APT. A411  
City-St-Zip: MIAMI, FL 33193

Title: VP ( ) Delete  
Name: GUTIERREZ, RAMON P  
Address: 8000 SW 149TH AVE, APT. A411  
City-St-Zip: MIAMI, FL 33193

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LLANES, ALIK  
Address: 5635 SW 163 PATH  
City-St-Zip: MIAMI, FL 33193

Title: VP (X) Change ( ) Addition  
Name: GUTIERREZ, RAMON P  
Address: 5635 SW 163 PATH  
City-St-Zip: MIAMI, FL 33193

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: ALIK LLANES

PD

03/12/2009

Electronic Signature of Signing Officer or Director

Date