2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2011
Secretary of State

DOCUMENT# P07000134407

Entity Name: BEE WELL HOME HEALTH CARE, INC.

Current Principal Place of Business:

1013 N. DIXIE HWY.
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

1013 N. DIXIE HWY.
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 26-1618957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLUZMAN, MICHAEL
21055 NE 37 AVE.
2203
AVENTURA, FL 33180 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: P
Name: GLUZMAN, MICHAEL
Address: 21055 NE 37 AVE. APT. 2203
City-St-Zip: AVENTURA, FL 33180

Title: TREA
Name: GLUZMAN, MICHAEL
Address: 21055 NE 37 AVE. APT. 2203
City-St-Zip: AVENTURA, FL 33180

Title: CLER
Name: GLUZMAN, MICHAEL
Address: 21055 NE 37 AVE. APT. 2203
City-St-Zip: AVENTURA, FL 33180

Title: DIR
Name: GLUZMAN, MICHAEL
Address: 21055 NE 37 AVE. APT. 2203
City-St-Zip: AVENTURA, FL 33180

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: MICHAEL GLUZMAN P 04/12/2011

Electronic Signature of Signing Officer or Director — Date