2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# P08000002663

Entity Name: BENAVIDES NURSING SERVICES, CORP.

Current Principal Place of Business:

20013 NW 53 CT
MIAMI, FL 33055

New Principal Place of Business:

5900SW 112CT CT
MIAMI, FL 33173

Current Mailing Address:

20013 NW 53 CT
MIAMI, FL 33055

New Mailing Address:

5900SW 112CT CT
MIAMI, FL 33173

FEI Number: 26-1717040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENAVIDES, LUCIA
20013 NW 53 CT
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

BENAVIDES, LUCIA
5900SW 112TH CT
MIAMI, FL 33173 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: _____ 01/29/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BENAVIDES, LUCIA
Address: 20013 NW 53 CT
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BENAVIDES, LUCIA
Address: 2900SW 112TH CT
City-St-Zip: MIAMI, FL 33173

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: LUCIA BENAVIDES PD 01/29/2009
Electronic Signature of Signing Officer or Director — Date