2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# P08000017247

Entity Name: FAMILY HOME HEALTH CARE, INC.

Current Principal Place of Business:

1920 E. HALLANDALE BEACH BLVD.
SUITE 636
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

1920 E. HALLANDALE BEACH BLVD.
SUITE 707
HALLANDALE BEACH, FL 33009

Current Mailing Address:

1920 E. HALLANDALE BEACH BLVD.
SUITE 636
HALLANDALE BEACH, FL 33009

New Mailing Address:

1920 E. HALLANDALE BEACH BLVD.
SUITE 707
HALLANDALE BEACH, FL 33009

FEI Number: 37-1561921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUBA, MARIA D
1920 E. HALLANDALE BEACH BLVD.
SUITE 636
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

CUBA, MARIA D
1920 E. HALLANDALE BEACH BLVD.
SUITE 707
HALLANDALE BEACH, FL 33009 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: MARIA D CUBA 05/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CUBA, MARIA D
Address: 1920 E. HALLANDALE BEACH BLVD, SUITE 636
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VD ( ) Delete
Name: HERNANDEZ, OMAR
Address: 1920 E. HALLANDALE BEACH BLVD., SUITE 636
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CUBA, MARIA D
Address: 1920 E. HALLANDALE BEACH BLVD, SUITE 707
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VD (X) Change ( ) Addition
Name: HERNANDEZ, OMAR
Address: 1920 E. HALLANDALE BEACH BLVD., SUITE 707
City-St-Zip: HALLANDALE BEACH, FL 33009

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: MARIA D CUBA PD 05/12/2009
Electronic Signature of Signing Officer or Director Date