2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2010
Secretary of State

DOCUMENT# P08000017247

Entity Name: FAMILY HOME HEALTH CARE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 707
HALLANDALE BEACH, FL 33009 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: V
Name: HERNANDEZ, OMAR
Address: 1920 E. HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE BEACH, FL 33009

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: MARIA CUBA PREC 03/02/2010

Electronic Signature of Signing Officer or Director — Date