2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P08000044742

Entity Name: COMPANIONS PLUS HOME CARE, INC.

Current Principal Place of Business:

10191 W. SAMPLE RD., STE. 100
CORAL SPRINGS, FL 33065

New Principal Place of Business:

10191 W. SAMPLE RD.
SUITE 100
CORAL SPRINGS, FL 33065

Current Mailing Address:

10191 W. SAMPLE RD., STE. 100
CORAL SPRINGS, FL 33065

New Mailing Address:

10191 W. SAMPLE RD.
SUITE 100
CORAL SPRINGS, FL 33065

FEI Number: 26-2575281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARDER, ARLENE
10191 W. SAMPLE RD., STE. 100
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

MARDER, ARLENE
10191 W. SAMPLE RD.
SUITE 100
CORAL SPRINGS, FL 33065 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: 05/01/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: MARDER, ARLENE
Address: 10191 W. SAMPLE RD., STE. 100
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DVS ( ) Delete
Name: BERKOWITZ, AUDREY
Address: 10191 W. SAMPLE RD., STE. 100
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ARLENE MARDER DPT 05/01/2009
Electronic Signature of Signing Officer or Director — Date