2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P08000078462

Entity Name: OMEGA HOME CARE SERVICES, INC

Current Principal Place of Business:

14321 SW 12ST
MIAMI, FL 33184

New Principal Place of Business:

11890 SW 8 STREET
SUITE #205
MIAMI, FL 33184

Current Mailing Address:

14321 SW 12ST
MIAMI, FL 33184

New Mailing Address:

11890 SW 8 STREET
SUITE #205
MIAMI, FL 33184

FEI Number: 26-3222464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIDALGO, ABRAHAM
14321 SW 12ST
MIAMI, FL 33184 US

Name and Address of New Registered Agent:

HIDALGO, ABRAHAM
14321 SW 12 STREET
MIAMI, FL 33184 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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HIDALGO, ABRAHAM
Address: 14321 SW 12ST
City-St-Zip: MIAMI, FL 33184

Title: VP ( ) Delete
Name: MELGAREJO, LUZ M
Address: 14321 SW 12 ST
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HIDALGO, ABRAHAM
Address: 14321 SW 12 STREET
City-St-Zip: MIAMI, FL 33184

Title: VP (X) Change ( ) Addition
Name: MELGAREJO, LUZ M
Address: 14321 SW 12 STREET
City-St-Zip: MIAMI, FL 33184

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: ABRAHAM HIDALGO PD 04/30/2009
Electronic Signature of Signing Officer or Director — Date