2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

DOCUMENT# P09000034839

Entity Name: ANNA HOME HEALTH AGENCY, CORP.

Current Principal Place of Business:

8130 BAYMEADOWS CIRCLE WEST
SUITE 204
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8130 BAYMEADOWS CIRCLE WEST
SUITE 204
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 26-4761339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, MIRTHA
46 EAST 44TH STREET
JACKSONVILLE, FL 32208 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

OFFICERS AND DIRECTORS:

Title: P
Name: FERNANDEZ, MIRTHA
Address: 46 EAST 44TH ST.
City-St-Zip: JACKSONVILLE, FL 33208

Title: VP
Name: FERNANDEZ, MIRTHA
Address: 46 EAST 44TH ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: CFO
Name: FERNANDEZ, YOLANDA
Address: 12233 YELLOW BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32226

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: YOLANDA FERNANDEZ CFO 02/22/2011

Electronic Signature of Signing Officer or Director — Date