2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

DOCUMENT# P09000045661

Entity Name: ABCARE NURSING INC.

Current Principal Place of Business:

1581 WEST 49TH STREET
#207
HIALEAH, FL 33012

New Principal Place of Business:

1581 WEST 49TH STREET
#207
HIALEAH, FL 330122924

Current Mailing Address:

1581 WEST 49TH STREET
#207
HIALEAH, FL 33012

New Mailing Address:

1581 WEST 49TH STREET
#207
HIALEAH, FL 330122924

FEI Number: 01-0924172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

UGANDO @ ASSOCIATES, INC
2866 SW 176TH TERRACE
MIRAMAR, FL 330295557 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: DPT
Name: LUIS, ARMANDO
Address: 6889 NW 179TH STREET #305
City-St-Zip: MIAMI, FL 33015 US

Title: S
Name: RODRIGUEZ, JESSICA
Address: 6889 NW 179TH STREET #305
City-St-Zip: MIAMI, FL 33015 US

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: ANTONIO A UGANDO RA 05/01/2011

Electronic Signature of Signing Officer or Director — Date