2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2010
Secretary of State

DOCUMENT# P09000089732

Entity Name: ASSURANCE HOME HEALTH CARE, INC

Current Principal Place of Business:

6936 W. LINEBAUGH AVE.
102
TAMPA, FL 33625

New Principal Place of Business:

6936 W. LINEBAUGH AVE.
SUITE 102
TAMPA, FL 33625

Current Mailing Address:

6936 W. LINEBAUGH AVE.
102
TAMPA, FL 33625

New Mailing Address:

6936 W. LINEBAUGH AVE.
SUITE 102
TAMPA, FL 33625

FEI Number: 27-1213493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAZOLA, YENISEY
6936 W. LINEBAUGH AVE.
102
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

MAZOLA, YENISEY
6936 W. LINEBAUGH AVE.
SUITE 102
TAMPA, FL 33625 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: 05/02/2010
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: P
Name: MAZOLA, YENISEY
Address: 6936 W. LINEBAUGH AVE.
City-St-Zip: TAMPA, FL 33625

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: YENISEY MAZOLA P 05/02/2010
Electronic Signature of Signing Officer or Director — Date