2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2012
Secretary of State

DOCUMENT# P10000046650

Entity Name: UNIVERSAL HOME CARE OF ST LUCIE, INC

Current Principal Place of Business:

3273 S.W. CONSTELLATION STREET
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

PO BOX 7246
PORT ST LUCIE, FL 34985

New Mailing Address:

3273 S.W. CONSTELLATION STREET
PORT ST LUCIE, FL 34953

FEI Number: 27-2752491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LILAVOIS, ALDY
3273 S.W. CONSTELLATION STREET
PORT ST LUCIE, FL 34953 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: PRES
Name: LILAVOIS, ALDY
Address: PO BOX 7246
City-St-Zip: PORT ST LUCIE, FL 34985

Title: VP
Name: LILAVOIS, GREGORY
Address: PO BOX 7246
City-St-Zip: PORT ST LUCIE, FL 34985

Title: VP
Name: LILAVOIS, CLIFFORD
Address: PO BOX 7246
City-St-Zip: PORT ST LUCIE, FL 34985

Title: SEC
Name: LILAVOIS, PATRICK
Address: PO BOX 7246
City-St-Zip: PORT ST LUCIE, FL 34985

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: GREGORY LILAVOIS VP 03/29/2012

Electronic Signature of Signing Officer or Director — Date