2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# P10000049478

Entity Name: TRANSITIONS FAMILY HEALTH CARE, CORP.

Current Principal Place of Business:

4055 TAMIAMI TRAIL
SUITE 7
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

4055 TAMIAMI TRAIL
SUITE 1112
PORT CHARLOTTE, FL 33952

Current Mailing Address:

4055 TAMIAMI TRAIL
SUITE 7
PORT CHARLOTTE, FL 33952

New Mailing Address:

4055 TAMIAMI TRAIL
SUITE 1112
PORT CHARLOTTE, FL 33952

FEI Number: 80-0639207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RETA, MARCOS
4055 TAMIAMI TRAIL
SUITE 7
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

RETA, MARCOS
4055 TAMIAMI TRAIL
SUITE 1112
PORT CHARLOTTE, FL 33952 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: _____ 04/30/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: RETA, MARCOS
Address: 4055 TAMIAMI TRAIL #1112
City-St-Zip: PORT CHARLOTTE, FL 33952

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: MARCOS RETA P 04/30/2011
Electronic Signature of Signing Officer or Director — Date