

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P94000019509

**FILED**  
**Oct 27, 2009**  
**Secretary of State****Entity Name:** FIRST QUALITY HOME CARE, INC.**Current Principal Place of Business:**8700 W FLAGLER ST  
SUITE #300  
MIAMI, FL 33174 US**New Principal Place of Business:****Current Mailing Address:**8700 W FLAGLER ST  
SUITE #300  
MIAMI, FL 33174 US**New Mailing Address:****FEI Number:** 65-0478803      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CUETARA, DULCE M  
8700 W FLAGLER ST  
SUITE #300  
MIAMI, FL 33174 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:** DPS      ( ) Delete  
**Name:** CUETARA, DULCE M  
**Address:** 8756 S.W. 3RD LANE  
**City-St-Zip:** MIAMI, FL 33174 US**Title:** D      (X) Delete  
**Name:** BELLAS, EDUARDO MD  
**Address:** 6423 COLLINS AVE #1210  
**City-St-Zip:** MIAMI BEACH, FL 33141**Title:** D      (X) Delete  
**Name:** REYES, MANOLO  
**Address:** 5301 SW 7 ST  
**City-St-Zip:** MIAMI, FL 33134**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DPST      (X) Change ( ) Addition  
**Name:** CUETARA, DULCE M  
**Address:** 8700 W FLAGLER ST STE 300  
**City-St-Zip:** MIAMI, FL 33174 US**Title:**      ( ) Change ( ) Addition  
**Name:**      ( ) Change ( ) Addition  
**Address:**      ( ) Change ( ) Addition  
**City-St-Zip:**      ( ) Change ( ) Addition**Title:**      ( ) Change ( ) Addition  
**Name:**      ( ) Change ( ) Addition  
**Address:**      ( ) Change ( ) Addition  
**City-St-Zip:**      ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DULCE CUETARA

PRES

10/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date