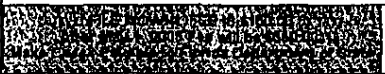
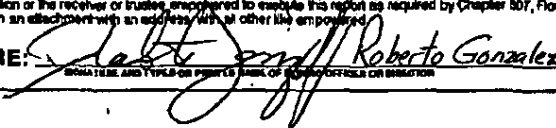


FILED  
May 29, 2003 8:00 am  
Secretary of State

1/10  
5/5/

05-05-2003 90379 010 \*\*\*150.00  
01-10-2003 90217 045 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                               |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>DOCUMENT # P95000010613</b>                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |
| 1. Entity Name<br><b>NANY HOME HEALTH CARE, INC.</b>                                                                                                                                                                          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| Principal Place of Business<br>12855 SW 136 AVENUE<br>SUITE 108<br>MIAMI, FL 33186 US                                                                                                                                         |                | Mailing Address<br>12855 SW 136 AVENUE<br>SUITE 108<br>MIAMI, FL 33186 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |
| 2. Principal Place of Business                                                                                                                                                                                                |                | 3. Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                | Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |
| City & State                                                                                                                                                                                                                  |                | City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |
| Zip                                                                                                                                                                                                                           | Country        | Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country        |
| 4. FEI Number <b>65-0553456</b>                                                                                                                                                                                               |                | K Applied For<br>Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                | \$8.75 Additional<br>Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| 6. Name and Address of Current Registered Agent<br><b>GONZALEZ, ROBERTO<br/>14936 SW 146 ST<br/>MIAMI, FL 33186</b>                                                                                                           |                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |
| 8. 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. I am familiar with, and accept the obligations of registered agent. |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| SIGNATURE<br> (NOTE: Please attach original signature and attach original copies of documents)                                             |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                                                                                            |                | \$5.00 May Be<br>Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| TITLE                                                                                                                                                                                                                         | NAME           | TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NAME           |
| STREET ADDRESS                                                                                                                                                                                                                | STREET ADDRESS | STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS |
| CITY-STATE-ZIP                                                                                                                                                                                                                | CITY-STATE-ZIP | CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CITY-STATE-ZIP |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                         |                | 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(g), Florida Statutes. I further certify that the information included on this report or supplemental reports is true and accurate and that my 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. |                |
| SIGNATURE:  <b>Roberto Gonzalez</b> 5/1/03 (305) 969-8860                                                                                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |

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