2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000096427 FILED SECRETARY OF STATE DIVISION OF CORDURATIONS HOME HEALTH CARE WITH HEART INC. 06 MAY 16 PM 12: 02 Principal Place of Business Mailing Address 1685 SW 107 AVENUE P.O. BOX 651278 MIAMI, FL 33165 US MIAMI, FL 33265 US 3. Mailing Address 2. Principal Place of Business 164 Ct. 16441 14505 Suite, Apt. #, etc. Suite. Apt. #. et 05152006 Chg-P CR2E034 (11/05) suite Applied For City & State City & State 4. FEI Number Lakes 65-0929242 Not Applicable Miani MIAMI \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, ERENA Street Address (P.O. Box Number is Not Acceptable) 6441 SW 164 CT. MIAMI, FL 33193 City 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. 1 am familiar with, and accept the obligations of regis SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE Change ☐ Addition TITLE ☐ Deleta MARTIN, ERENA NAME P.O: BOX 651276-N/A STREET ADDRESS STREET ADDRESS 6441 SW 164 CT MIAMI, FL 33265. CITY-ST-ZIP CITY-ST-ZIP Change Addition IIILE ☐ Delete NAME NALE 100075108021 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ** ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. changed, or on an attachment with an SIGNATURE: Daytime Phone # ED NAME OF BIGNING OFFICER OR DIRECTOR Date