2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# P96000010745

Entity Name: QUALI-CARE HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

18001 OLD CUTLER RD
421
MIAMI, FL 33157 US

New Principal Place of Business:

18001 OLD CUTLER RD
529
MIAMI, FL 33157 US

Current Mailing Address:

18001 OLD CUTLER RD
421
MIAMI, FL 33157 US

New Mailing Address:

18001 OLD CUTLER RD
529
MIAMI, FL 33157 US

FEI Number: 65-0642653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOODWORTH, WILLIAM
7480 SW 170 TERR.
MIAMI, FL 33157 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: PTD
Name: BLOODWORTH, WILLIAM L
Address: 7480 SW 170 TERR
City-St-Zip: MIAMI, FL 33157

Title: VSD
Name: BLOODWORTH, MADELEYN
Address: 7480 SW 170 TERR
City-St-Zip: MIAMI, FL 33157

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: WILLIAM BLOODWORTH CEO 04/18/2011

Electronic Signature of Signing Officer or Director Date