

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000019589

Entity Name: UNION HOME CARE INC.

**FILED**  
**Jul 21, 2008**  
**Secretary of State****Current Principal Place of Business:**12915 S.W. 21ST STREET  
MIAMI, FL 33175**New Principal Place of Business:****Current Mailing Address:**12915 S.W. 21ST STREET  
MIAMI, FL 33175**New Mailing Address:**11865 SW 26TH STREET  
UNIT G-5  
MIAMI, FL 33175

FEI Number: 65-0907767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**CAO, ALLAN  
12915 S.W. 21ST STREET  
MIAMI, FL 33175 US**Name and Address of New Registered Agent:**MILLAN, JACQUELINE  
11865 SW 26 STREET  
UNIT G-5  
MIAMI, FL 33175 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: JACQUELINE MILLAN

07/21/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: CAO, ALLAN  
Address: 12915 S.W. 21 STREET  
City-St-Zip: MIAMI, FL 33175Title: SVPD ( ) Delete  
Name: MAHIOUES, EDITH  
Address: 12915 S.W. 21ST STREET  
City-St-Zip: MIAMI, FL 33175Title: TD (X) Delete  
Name: CAO, TANIA  
Address: 12915 S.W. 21ST STREET  
City-St-Zip: MIAMI, FL 33175**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PDS (X) Change ( ) Addition  
Name: MILLAN, JACQUELINE  
Address: 12915 S.W. 21 STREET  
City-St-Zip: MIAMI, FL 33175Title: TVPD (X) Change ( ) Addition  
Name: RODRIGUEZ, CLAUDETTE  
Address: 12915 S.W. 21ST STREET  
City-St-Zip: MIAMI, FL 33175Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JACQUELINE MILLAN

P

07/21/2008

Electronic Signature of Signing Officer or Director

Date