2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2013
Secretary of State
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Entity Name: MAXXON HOME HEALTH CARE, INC.

Current Principal Place of Business:

2646 SW MAPP ROAD SUITE 303
PALM CITY, FL 34990

Current Mailing Address:

2646 SW MAPP ROAD SUITE 303
PALM CITY, FL 34990

FEI Number: 43-2021245

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TROWBRIDGE, WARREN K
2646 SW MAPP ROAD SUITE 303
PALM CITY, FL 34990 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	TROWBRIDGE, WARREN K.	Name	THIBOULT, MARY JO F.
Address	2646 SW MAPP ROAD SUITE 303	Address	2646 SW MAPP ROAD SUITE 303
City-State-Zip:	PALM CITY FL 34990	City-State-Zip:	PALM CITY FL 34990

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: WARREN K. TROWBRIDGE PRESIDENT 01/10/2013

Electronic Signature of Signing Officer/Director Detail — Date