

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017934

FILED
Mar 20, 2008
Secretary of State

Entity Name: CARE-TECH HOME HEALTH SERVICES, LLC

Current Principal Place of Business:

700 SOUTH ROYAL POINCIANA BLVD. SUITE 504
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

700 SOUTH ROYAL POINCIANA BLVD.
SUITE 504
MIAMI SPRINGS, FL 33166 US

Current Mailing Address:

700 SOUTH ROYAL POINCIANA BLVD. SUITE 504
MIAMI SPRINGS, FL 33166

New Mailing Address:

700 SOUTH ROYAL POINCIANA BLVD.
SUITE 504
MIAMI SPRINGS, FL 33166

FEI Number: 20-8513432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DHARMA INVESTMENTS, LLC
1284 WEST 79 ST
HIALEAH, FL 33014 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HERRERA, AILYN
Address: 700 SOUTH ROYAL POINCIANA BLVD. STE 504
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: MGRM () Delete
Name: CHINIGO, IVETTE
Address: 700 SOUTH ROYAL POINCIANA BLVD. STE 504
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () 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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AILYN

MGRM

03/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date