

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002952

FILED  
Feb 01, 2006  
Secretary of State

**Entity Name:** COMMUNITY HOME HEALTH CARE SERVICES, LLC

**Current Principal Place of Business:**

707 60TH STREET COURT EAST  
BRADENTON, FL 34208

**New Principal Place of Business:**

707 60TH STREET COURT EAST  
SUITE C  
BRADENTON, FL 34208

**Current Mailing Address:**

P.O. BOX 928  
CORTEZ, FL 34215

**New Mailing Address:**

**FEI Number:** 65-1084061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LEESTMA, RUTH E  
707 60TH ST COURT EAST  
SUITE C  
CORTEZ, FL 34208 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: MGR ( ) Delete  
Name: LEESTMA, RUTH  
Address: PO BOX 879 3340 MARINERS WAY #523  
City-St-Zip: CORTEZ, FL 34215

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LEESTMA, RUTH  
Address: PO BOX 879 3840 MARINERS WAY #523  
City-St-Zip: CORTEZ, FL 34215

I hereby certify that the information supplied with this filing does not qualify for the 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: RUTH LEESTMA

MGR

02/01/2006

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