2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2008
Secretary of State

DOCUMENT# L02000005900

Entity Name: ALLCARE HOME HEALTH OF FLORIDA LLC

Current Principal Place of Business:

4402 124TH STREET WEST
CORTEZ, FL 34215

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 928
CORTEZ, FL 34215

New Mailing Address:

FEI Number: 01-0620603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEESTMA, RUTH E
4402 124TH STREET W
CORTEZ, FL 34215 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: 3840 MARINERS WAY, PO BOX 879
City-St-Zip: CORTEZ, FL 34215

ADDITIONS/CHANGES:

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: RUTH LEESTMA MGR 01/23/2008

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