

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012339

FILED
Feb 11, 2005
Secretary of State

Entity Name: ELITE HOME HEALTH OF THE PALM BEACHES, L.L.C.

Current Principal Place of Business:

1700 N. DIXIE HWY
127
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1776 N. PINE ISLAND RD.
101
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 41-2067750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPEER, W. MORGAN
1800 AUSTRALIAN AVENUE SOUTH STE. 100
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

KAPLAN, GARY
1776 N PINE ISLAND RD.
SUITE 101
PLANTATION, FL 33322 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: GARY KAPLAN

02/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KAPLAN, VIVIAN
Address: 6721 SW 55 ST
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KAPLAN, VIVIAN
Address: 1776 N PINE ISLAND RD #101
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VIVIAN KAPLAN

MGRM

02/11/2005

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