

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000012339

**FILED**  
**May 01, 2008**  
**Secretary of State**

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

**Current Principal Place of Business:**

1700 NORTH DIXIE HWY  
SUITE 127  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

1776 NORTH PINE ISLAND ROAD  
SUITE 101  
PLANTATION, FL 33322

**New Mailing Address:**

**FEI Number:** 41-2067750      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

KAPLAN, VIVIAN  
1776 NORTH PINE ISLAND ROAD  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** KAPLAN, VIVIAN  
**Address:** 1776 NORTH PINE ISLAND ROAD SUITE 101  
**City-St-Zip:** PLANTATION, FL 33322

**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: VIVIAN KAPLAN

MGRM

05/01/2008

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