2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2004
Secretary of State

DOCUMENT# L02000020942

Entity Name: MEDI-CARE HOME HEALTH LLC

Current Principal Place of Business:

9696 PLUMERIA WAY
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

2400 HIGH RIDGE RD
SUITE 101
BOYNTON BEACH, FL 33426 US

Current Mailing Address:

9696 PLUMERIA WAY
BOYNTON BEACH, FL 33436 US

New Mailing Address:

FEI Number: 03-0478185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REEVES, ADAM
9696 PLUMERIA WAY
BOYNTON BEACH, FL 33436 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/MEMBERS:

Title: P ( ) Delete
Name: REEVES, ADAM
Address: 9696 PLUMERIA WAY
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: REEVES, ADAM
Address: 9696 PLUMERIA WAY
City-St-Zip: BOYNTON BEACH, FL 33436

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: ADAM REEVES MGR 01/21/2004

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