

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004747

FILED
Apr 26, 2005
Secretary of State

Entity Name: COMPREHENSIVE HOME CARE OF HILLSBOROUGH, LLC

Current Principal Place of Business:

6450 N.W. 5TH WAY
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

4602 N ARMENIA AVE
SUITE 202A
TAMPA, FL 33614

Current Mailing Address:

6450 N.W. 5TH WAY
FT. LAUDERDALE, FL 33309

New Mailing Address:

33920 US HWY 19 N
SUITE 341
PALM HARBOR, FL 34684

FEI Number: 05-0554156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
2424 NORTH FEDERAL HIGHWAY, SUITE 456
BOCA RATON, FL 33431 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: MGRM () Delete
Name: COMPREHENSIVE HOME C, ARE OF HILLSBO R O, LLC
Address: 33920 US HWY 19 N SUITE 341
City-St-Zip: PALM HARBOR, FL 34684

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 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: GARRETT BRAGG

MGRR

04/26/2005

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