2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L03000004747

Entity Name: COMPREHENSIVE HOME CARE OF HILLSBOROUGH, LLC

Current Principal Place of Business:

4602 N ARMENIA AVE
SUITE 202A
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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/MANAGERS:

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 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: GARRETT BRAGG MGR 04/28/2006

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