

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000004747

FILED
Oct 22, 2008
Secretary of State**Entity Name:** COMPREHENSIVE HOME CARE OF HILLSBOROUGH, LLC**Current Principal Place of Business:**3102 W WATERS 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:**6450 NW 5TH WAY
FT. LAUDERDALE, FL 33309**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:**MENKHAUS, DAVID J
1900 GLADES ROAD
SUITE 401
BOCA RATON, FL 33431 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:

10/22/2008

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRAGG, GARRETT W
Address: 6450 NW 5TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MGRM () Change (X) Addition
Name: BRAGG, DENISE
Address: 6450 NW 5TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MGRM () Change (X) Addition
Name: ALT, LES
Address: 6450 NW 5TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MGRM () Change (X) Addition
Name: MENKHAUS, DAVID J
Address: 6450 NW 5TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33309

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: GARRETT W. BRAGG

MGRM

10/22/2008

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