2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2010
Secretary of State

DOCUMENT# L03000004747

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:

6450 NW 5TH WAY
FT. LAUDERDALE, FL 33309

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
1900 GLADES ROAD
SUITE 401
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
Name: BRAGG, GARRETT W
Address: 6450 NW 5TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33309

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

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

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

I hereby 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 Statues.

SIGNATURE: GARRETT BRAGG MGRM 03/10/2010

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