

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004765

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE HOME CARE OF HERNANDO, LLC

**Current Principal Place of Business:**

4034 COMMERCIAL WAY  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 05-0554161      **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 STE. 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 WELLNE, SS SERVICES, I N C.  
**Address:** 6540 NW 5TH WAY  
**City-St-Zip:** FT. LAUDERDALE, FL 33309

**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