

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006422

FILED
Mar 10, 2010
Secretary of State

Entity Name: COMPREHENSIVE HOME CARE OF PALM BEACH, LLC

Current Principal Place of Business:

6450 NW 5TH WAY
FT. LAUDERDALE,, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

6450 NW 5TH WAY
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 56-2324896

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 US

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

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

Title: MGMR
Name: MENKHAUS, DAVID J
Address: 1900 GLADES ROAD SUITE 401
City-St-Zip: BOCA RATON, FL 33431

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 Statutes.

SIGNATURE: GARRETT BRAGG

MGRM

03/10/2010

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