

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006422

**FILED**  
**Mar 20, 2012**  
**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:**

LARSON, ROY J ESQ  
C/O BAKER & MCKENZIE, LLP  
1111 BRICKELL AVENUE, SUITE 1700  
MIAMI, FL 33131 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: MGR  
Name: BRAGG, GARRETT W  
Address: 6450 NW 5TH WAY  
City-St-Zip: FT. LAUDERDALE,, FL 33309 US

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 W. BRAGG

MGR

03/20/2012

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