

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006526

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: COMPREHENSIVE HOME CARE OF BROWARD, LLC

**Current Principal Place of Business:**

6450 NW 5TH WAY  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

6450 NW 5TH WAY  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 56-2324889      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: \_\_\_\_\_

03/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COMPREHENSIVE HOME C, ARE OF BROWARD , LLC  
Address: 6450 NW 5TH WAY  
City-St-Zip: FT LAUDERDALE, FL 33309

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

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

Title: MGMR ( ) Change (X) Addition  
Name: MENKHAUS, DAVID J  
Address: 1900 GLADES RD SUITE 401  
City-St-Zip: BOCA RATON, FL 33431

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

MGMR

03/10/2009

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