

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006526

FILED  
Mar 10, 2010  
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  
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: 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 RD 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

MGR

03/10/2010

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