2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000006901

City-St-Zip:

FILED Oct 20, 2008 Secretary of State

Entity Name: COMPREHENSIVE HOME CARE OF PINELLAS/PASCO, LLC

Current Principal Place of Business: New Principal Place of Business: 6450 NW 5TH WAY FT LAUDERDALE, FL 33309 **Current Mailing Address: New Mailing Address:** 33920 US HWY 19 N SUITE 341 PALM HARBOR, FL 34684 FEI Number: 56-2324905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MENKHAUS, DAVID J MENKHAUS, DAVID J 1900 GLADES ROAD 2424 NORTH FEDERAL HIGHWAY, SUITE 456 BOCA RATON, FL 33431 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: 10/20/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: MGRM () Delete (X) Change () Addition COMPREHENSIVE HOME C, ARE OF PINELLAS, LLC BRAGG, GARRETT W Name: Name: Address: 6450 NW 5TH WAY N Address: 6450 NW 5TH WAY City-St-Zip: FT LAUDERDALE, FL 33309 City-St-Zip: FT LAUDERDALE, FL 33309 Title: Title: MGRM () Change (X) Addition () Delete Name: Name: BRAGG, DENISE Address: Address: 6450 NW 5TH WAY City-St-Zip: City-St-Zip: FT LAUDERDALE, FL 33309 Title: () Delete Title: MGRM () Change (X) Addition ALT, LES Name: Name: Address: Address: 6450 NW 5TH WAY City-St-Zip: City-St-Zip: FT LAUDERDALE, FL 33309 Title: () Delete Title: MGRM () Change (X) Addition MENKHAUS, DAVID J Name: Name: Address: Address: 6450 NW 5TH WAY FT LAUDERDALE, FL 33309

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.

City-St-Zip:

SIGNATURE: GARRETT W. BRAGG **MGRM** 10/20/2008