

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020781

FILED
Jan 30, 2005
Secretary of State

Entity Name: PALM BEACH HOME CARE AGENCY LLC

Current Principal Place of Business:

4400 N. FEDERAL HWY.
SUITE 50
BOCA RATON, FL 33431

New Principal Place of Business:

1199 SW 4TH ST
BOCA RATON, FL 33486

Current Mailing Address:

1199 SW 4TH ST
BOCA RATON, FL 33486

New Mailing Address:

102 NE 2ND ST.
384
BOCA RATON, FL 33432

FEI Number: 20-1129215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COSTON, MARTHA T
1199 SW 4TH ST.
BOCA RATON, FL 33486 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/MEMBERS:

Title: MGR () Delete
Name: COSTON, MARTHA T ADMINIS
Address: 4400 N. FEDERAL HWY. SUITE 50
City-St-Zip: BOCA RATON,, FL 33431

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COSTON, MARTHA T ADMINIS
Address: 102 NE 2ND ST. # 384
City-St-Zip: BOCA RATON,, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARTHA T. COSTON

MGR

01/30/2005

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