

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020781

FILED
Feb 21, 2009
Secretary of State

Entity Name: PALM BEACH HOME CARE AGENCY LLC

Current Principal Place of Business:

1199 SW 4TH ST
BOCA RATON, FL 33486

New Principal Place of Business:

2499 GLADES RD.
SUITE 105
BOCA RATON, FL 33431

Current Mailing Address:

370 W CAMINO GARDENS BLVD.
103
BOCA RATON, FL 33432 US

New Mailing Address:

2499 GLADES RD.
SUITE 105
BOCA RATON, FL 33431

FEI Number: 20-1129215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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/MANAGERS:

Title: MGR () Delete
Name: COSTON, MARTHA T ADMINIS
Address: 370 W CAMINO GARDENS BLVD. 103
City-St-Zip: BOCA RATON,, FL 33432

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COSTON, MARTHA T ADMINIS
Address: 2499 GLADES RD. SUITE 105
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: MARTHA T COSTON

MGR

02/21/2009

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