2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025175

Entity Name: GENTLE CARE HOME HEALTH, L.L.C.

FILED Apr 11, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

1490 WEST 68 STREET, SUITE #102 1490 WEST 68 STREET HIALEAH, FL 33014 102

HIALEAH, FL 33014

Current Mailing Address: New Mailing Address:

1490 WEST 68 STREET, SUITE #102 1490 WEST 68 STREET HIALEAH, FL 33014 102

HIALEAH, FL 33014

FEI Number: 20-0095601 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:

CRUZ GONZALEZ, JUAN
1490 WEST 68 STREET, SUITE #102
HIALEAH, FL 33014 US

CRUZ GONZALEZ, JUAN
1490 WEST 68 STREET
102
HIALEAH, FL 33014 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: JUAN CRUZ GONZALEZ 04/11/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CRUZ GONZALEZ, JUAN
 Name:

 Address:
 1490 WEST 68 STREET, SUITE #102
 Address:

City-St-Zip: HIALEAH, FL 33014 City-St-Zip:

Title: () Delete Title: MEMB () Change (X) Addition

Name: Name: CRUZ, YADELKIS

Address: Address: 8432 N.W. 168TH TERRACE City-St-Zip: City-St-Zip: MIAMI LAKES, FL 33016

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: JUAN CRUZ GONZALEZ RA 04/11/2008