2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 17, 2008
Secretary of State

DOCUMENT# L03000025175

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

Current Principal Place of Business:

1490 WEST 68 STREET
102
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

1490 WEST 68 STREET
102
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 20-0095601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRUZ GONZALEZ, JUAN
1490 WEST 68 STREET
102
HIALEAH, FL 33014 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 ( ) Delete
Name: CRUZ GONZALEZ, JUAN
Address: 1490 WEST 68 STREET, SUITE #102
City-St-Zip: HIALEAH, FL 33014

Title: MEMB ( ) Delete
Name: CRUZ, YADELKIS
Address: 8432 N.W. 168TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: MORALES DE CRUZ, SANTA
Address: 1490 WEST 68 STREET, SUITE #102
City-St-Zip: HIALEAH, FL 33014

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 MGRM 09/17/2008

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