

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90188 047 \*\*\*\*50.00

<b>DOCUMENT # L03000025602</b>					
<b>1. Entity Name</b> CENTER HOME HEALTHCARE OF BROWARD COUNTY, LLC					
<b>Principal Place of Business</b> 15290 FLORENCE CIRCLE DELRAY BEACH, FL 33446			<b>Mailing Address</b> 15290 FLORENCE CIRCLE DELRAY BEACH, FL 33446		
<b>2. Principal Place of Business</b> 6191 W. ATLANTIC Blvd Suite, Apt. #, etc. # 7		<b>3. Mailing Address</b> 6191 W. ATLANTIC Blvd Suite, Apt. #, etc. # 7			
<b>City &amp; State</b> MARGATE		<b>City &amp; State</b> MARGATE		<b>4. FEI Number</b> 20-0056924	
<b>Zip</b> 33063		<b>Country</b> Broward		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GUSSACK; EVAN 15290 FLORENCE CIRCLE DELRAY BEACH, FL 33446			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE _____ DATE <u>3/8/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUSSACK, EVAN 15290 FLORENCE CIRCLE DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b> _____				Date <u>3/8/04</u> Daytime Phone # <u>954-971-2166</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					