

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033815

FILED
Jan 11, 2008
Secretary of State

Entity Name: BEST SERVICE HOME HEALTH CARE, LLC

Current Principal Place of Business:

C/O FITELL 9000 S.W. 87 COURT
107
MIAMI, FL 33176 US

New Principal Place of Business:

9220 SW 72 STREET
101
MIAMI, FL 33173 US

Current Mailing Address:

C/O FITELL 9000 S.W. 87 COURT
107
MIAMI, FL 33176 US

New Mailing Address:

9220 SW 72 STREET
101
MIAMI, FL 33173 US

FEI Number: 33-1069811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITELL, BRUCE
9000 S.W. 87 COURT
107
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

FITELL, BRUCE
9220 SW 72 STREET
101
MIAMI, FL 33173 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:

01/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FITELL, BRUCE
Address: 9000 S.W. 87 COURT
City-St-Zip: MIAMI, FL 33176 US

Title: MGR () Delete
Name: BONET, LAURA M
Address: 9000 SW 87 COURT
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FITELL, BRUCE
Address: 9220 SW 72 STREET
City-St-Zip: MIAMI, FL 33176 US

Title: MGR (X) Change () Addition
Name: BONET, LAURA M
Address: 9220 SW 72 STREET
City-St-Zip: MIAMI, FL 33173

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: BRUCE FITELL

MGRM

01/11/2008

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