

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033815

FILED
Mar 19, 2009
Secretary of State

Entity Name: BEST SERVICE HOME HEALTH CARE, LLC

Current Principal Place of Business:

9220 SW 72 STREET
101
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

9220 SW 72 STREET
101
MIAMI, FL 33173 US

New Mailing Address:

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
9220 SW 72 STREET
101
MIAMI, FL 33173 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: FITELL, BRUCE
Address: 9220 SW 72 STREET
City-St-Zip: MIAMI, FL 33176 US

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

ADDITIONS/CHANGES:

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

Title: MGRM (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

03/19/2009

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