



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90057 045 ****50.00

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|---|--|---|--|---|--|
| DOCUMENT # L04000032591 1. Entity Name NORTH AMERICAN HOME HEALTH, LLC | | | |  | |
| Principal Place of Business 2999 NE 191 ST, PENTHOUSE 8 AVENTURA, FL 33180 | | | Mailing Address 2999 NE 191 ST, PENTHOUSE 8 AVENTURA, FL 33180 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 4. FEI Number 57-1204295 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 04252005 Chg-LLC CR2E083 (10/03) | |
| 6. Name and Address of Current Registered Agent HELLMAN, MAYNARD J ESQ 2999 NE 191 ST, PENTHOUSE 8 AVENTURA, FL 33180 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGER FERNANDEZ, CHARLES M 2999 NE 191 ST. P#8 AVENTURA, FL 33180 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | MANAGER 4/26/05 305-918-0009 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |

CHARLES M. FERNANDEZ