

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90115 046 ***150.00

60049855



DOCUMENT # L04000032591 1. Entity Name NORTH AMERICAN HOME HEALTH, LLC					
Principal Place of Business 2999 NE 191 ST, #905 AVENTURA, FL 33180			Mailing Address 2999 NE 191 ST, #905 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box # 4400 Biscayne Blvd.		3. Mailing Address 4400 Biscayne Blvd.		04162007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. 900		Suite, Apt. #, etc. 900			
City & State Miami, FL		City & State Miami, FL			
Zip 33137		Country USA		4. FEI Number 57-1204295	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HELLMAN, MAYNARD J ESQ 2999 NE 191 ST, #905 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name: Maynard J. Hellman, Esq. Street Address (P.O. Box Number is Not Acceptable) 4400 Biscayne Blvd. #900 City: Miami, FL Zip Code: 33137		
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: DATE: 4/27/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ, CHARLES M 2999 NE 191 ST #905 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Fernandez, Charles M. 4400 Biscayne Blvd. #900 Miami, FL 33137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input 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	
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	
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	
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 exemptions contained in Chapter 119, 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:			4/27/07 305-777-1055		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					