

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90165 028 \*\*\*138.75

50004023



<b>DOCUMENT # L04000032591</b> 1. Entity Name <b>NORTH AMERICAN HOME HEALTH, LLC</b>			
Principal Place of Business <b>4400 BISCAYNE BLVD SUITE 900 MIAMI, FL 33137</b>		Mailing Address <b>4400 BISCAYNE BLVD SUITE 900 MIAMI, FL 33137</b>	
2. Principal Place of Business - No P.O. Box # <b>2701 GATEWAY DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2701 GATEWAY DRIVE</b> Suite, Apt. #, etc.	
City & State <b>POMPANO BEACH, FL</b> Zip Country <b>33069 USA</b>		City & State <b>POMPANO BEACH, FL</b> Zip Country <b>33069 USA</b>	
4. FEI Number <b>57-1204295</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04012008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>HELLMAN, MAYNARD J ESQ 4400 BISCAYNE BLVD SUITE 900 MIAMI, FL 33137</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2701 GATEWAY DRIVE</b> City <b>POMPANO BEACH</b> FL Zip Code <b>33069</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. SIGNATURE  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</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	<b>MGR FERNANDEZ, CHARLES M 4400 BISCAYNE BLVD SUITE 900 MIAMI, FL 33137</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HELLMAN, MAYNARD J 2701 GATEWAY DRIVE POMPANO BEACH, FL 33069</b> <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.			
<b>SIGNATURE:</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	