2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# L04000033912

Entity Name: COMPREHENSIVE HOME CARE OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

33920 US HIGHWAY 19 N STE. 341
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

33920 US HIGHWAY 19 N STE. 341
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 11-3717982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
1900 GLADES ROAD STE. 401
BOCA RATON, FL 33431 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/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: COMPREHENSIVE HOME A, CRE OF SW FL
Address: 33920 US HWY 19 N
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LES ALT MGRM 04/26/2005

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