

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062338

FILED  
Jun 30, 2005  
Secretary of State

**Entity Name:** GENTLE TOUCH HOME HEALTH CARE SERVICES LLC

**Current Principal Place of Business:**

7863 HAMPTON BLVD.  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

7863 HAMPTON BLVD.  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

**FEI Number:** 26-0096619      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

THOMAS, CAROL  
2733 S. OAKLAND FOREST DRIVE  
#202  
OAKLAND PARK, FL 33309 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:** THOMAS, CAROL  
**Address:** 2733 S. OAKLAND FOREST DRIVE, #202  
**City-St-Zip:** OAKLAND PARK, FL 33309

**Title:** MGRM ( ) Delete  
**Name:** THOMAS, AVIS  
**Address:** 7863 HAMPTON BLVD.  
**City-St-Zip:** NORTH LAUDERDALE, FL 33068

**ADDITIONS/CHANGES:**

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

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

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: CAROL THOMAS

MGRM

06/30/2005

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