FILED
Jun 13, 2005 8:00 am
Secretary of State

04-29-2005 90057 046 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000062550

1. Entity Name
GOLDEN CARE HOME HEALTH AGENCY OF BROWARD, LLC

30009337

Principal Place of Business	Mailing Address
1761 W. HILLSBORO BOULEVARD SUITE 326A DEERFIELD BEACH, FL 33442 US	2999 N.E. 191ST STREET PH8 AVENTURA, FL 33180

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2858918 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HELLMAN, MAYNARD 2999 N.E. 191ST STREET PH8 AVENTURA, FL 33180	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	MGRM SUNMED MEDIA, LLC 2999 N.E. 191ST STREET, PH8 AVENTURA, FL 33180	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER FERNANDEZ, CHARLES M. 2999 NE 191 St. PH8 AVENTURA, FL 33180	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] MANAGER 4/28/05 305-716-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CHARLES M. FERNANDEZ