

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072273

FILED
Feb 23, 2005
Secretary of State

Entity Name: SOUTH FLORIDA IN-HOME CARE, LLC

Current Principal Place of Business:

3441 NW 44 STREET
FT LAUDERDALE, FL 33309 US

New Principal Place of Business:

1451 W. CYPRESS CREEK RD
SUITE 300
FT LAUDERDALE, FL 33309 US

Current Mailing Address:

3441 NW 44 STREET
FT LAUDERDALE, FL 33309 US

New Mailing Address:

3441 NW 44 STREET
106
FT LAUDERDALE, FL 33309 US

FEI Number: 30-0276654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COTTONARO, JULISSA M
3441 NW 44 STREET
106
FT LAUDERDALE, 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/MEMBERS:

Title: MGR () Delete
Name: COTTONARO, JULISSA M
Address: 3441 NW 44 STREET #106
City-St-Zip: FT LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES:

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: JULISSA COTTONARO

PRES

02/23/2005

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