

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074150

FILED
Aug 25, 2006
Secretary of State

Entity Name: TRUE COMPANION HOMECARE SERVICES, L.L.C.

Current Principal Place of Business:

1000 W. MCNAB RD
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2600 ARBOR LANE
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 59-3785902 **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:

BLANCHARD, JOSEPH
2600 ARBOR LANE
ROYAL PALM BEACH, FL 33411 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: BLANCHARD, JOSPEH
Address: 2600 ARBOR LANE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM () Delete
Name: BLANCHARD, CARMEL
Address: 2600 ARBOR LANE
City-St-Zip: ROYAL PALM BEACH, FL 33411

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 Chapter 119, 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: JOSEPH BLANCHARD

MGRM

08/25/2006

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