

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093616

**FILED**  
**Mar 16, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA'S BEST HOME HEALTH, LLC

**Current Principal Place of Business:**

6555 NW 36 STREET, #110  
VIRGINIA GARDENS, FL 33166

**New Principal Place of Business:**

1627 SW 37 AVE CU1  
MIAMI, FL 33145

**Current Mailing Address:**

6555 NW 36 STREET, #110  
VIRGINIA GARDENS, FL 33166

**New Mailing Address:**

1627 SW 37 AVE CU1  
MIAMI, FL 33145

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DOMENECH, LIZA M  
6555 NW 36 STREET, #110  
VIRGINIA GARDENS, FL 33166 US

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

DOMENECH, LIZA M  
1627 SW 37 AVE CU1  
MIAMI, FL 33145 US

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:

03/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DOMENECH, LIZA M  
Address: 2325 SW 19 STREET  
City-St-Zip: MIAMI, FL 33145

Title: MGRM ( ) Delete  
Name: GAMEZ, EURYS  
Address: 1831 SW 25 AVENUE  
City-St-Zip: MIAMI, FL 33145

**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 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: EURYS GAMEZ

MGRM

03/16/2008

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