


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90256 041 ****50.00

DOCUMENT # L05000023492

1. Entity Name
COMPASS HOME HEALTH CARE LLC



Principal Place of Business
**1401 NE 191 ST.
 SUITE 309
 MIAMI, FL 33179**

Mailing Address
**P.O. BOX 600007
 MIAMI, FL 33160**

60040001



2. Principal Place of Business - No P.O. Box #
1400 NE Miami Gardens Blvd #206

3. Mailing Address
 Suite, Apt. #, etc.
Suite 206

04302007 Chg-LLC CR2E083 (12/06)

City & State
Miami, FL

City & State

4. FEI Number
06-1741898

Applied For
 Not Applicable

Zip
33179

Country
USA

Zip Country

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

6. Name and Address of Current Registered Agent

**JEUNE, VALERIE
 1401 NE 191 ST
 APT 309D
 MIAMI, FL 33179**

7. Name and Address of New Registered Agent

Name
Andie Gibson B

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  (NOTE: Registered Agent signature required when reinstating)

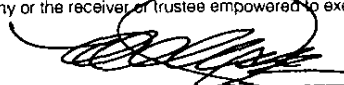
DATE **4/29/07**

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JEUNE, VALERIE 1401 NE 191 ST #203 MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1400 NE Miami Gardens Blvd #206 Miami, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  (NOTE: Registered Agent signature required when reinstating)

DATE **4/29/07**

Daytime Phone #