

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 Dr #206

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

City & State  
Miami, FL

Zip  
33179

Country  
USA

04302007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

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

4. FEI Number  
06-1741898

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name  
Andre Gibson

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 DATE 4/29/07

(NOTE: Registered Agent signature required when reinstating)

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 Drive #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
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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: DATE 4/29/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE