

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


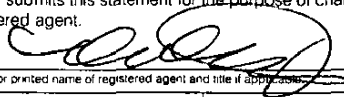
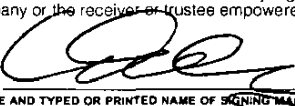
FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90241 017 ***138.75

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03092008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000023492			
1. Entity Name COMPASS HOME HEALTH CARE LLC			
Principal Place of Business 1400 NE MIAMI GARDENS DR. #206 SUITE 206 MIAMI, FL 33179		Mailing Address P.O. BOX 600007 MIAMI, FL 33160	
2. Principal Place of Business - No P.O. Box # 18260 NE 19 ave.		3. Mailing Address	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc.	
City & State Mtn Miami Beach		City & State	
Zip 33162	Country	Zip	Country
4. FEI Number 06-1741898		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JEUNE, VALERIE 1401 NE 191 ST APT 309D MIAMI, FL 33179		Name 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 		Valerie June 3/10/08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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 1400 NE MIAMI GARDENS DRIVE #206 MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Valerie June 18260 NE 19 ave - Suite 101 Miami, Fl. 33162 <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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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: 		3/10/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	