

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Feb 27, 2009
Secretary of State**

DOCUMENT# L05000023492

Entity Name: COMPASS HOME HEALTH CARE LLC

Current Principal Place of Business:

18260 NE 19 AVE STE 101
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 600007
MIAMI, FL 33160

New Mailing Address:

FEI Number: 06-1741898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEUNE, VALERIE
1401 NE 191 ST
APT 309D
MIAMI, FL 33179 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: MGR () Delete
Name: JEUNE, VALENE
Address: 18260 NE 19 AVE STE 101
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES:

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: VALERIE JEUNE

MGR

02/27/2009

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