

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023492

FILED
Jan 05, 2011
Secretary of State

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:

16635 NE 19 AVE
NORTH MIAMI BEACH, FL 33162

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 (X)

Name and Address of Current Registered Agent:

JEUNE, VALERIE
18260 NE 19 AVE
SUITE 101
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

JEUNE, VALERIE
16635 NE 19 AVE
NORTH MIAMI BEACH, FL 33162 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: _____

Electronic Signature of Registered Agent

01/05/2011

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: JEUNE, VALERIE
Address: 16635 NE 19 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby 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

01/05/2011

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