

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023492

FILED
Feb 08, 2012
Secretary of State

Entity Name: COMPASS HOME HEALTH CARE LLC

Current Principal Place of Business:

16635 NE 19 AVE
NORTH MIAMI BEACH, 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 (X)

Name and Address of Current Registered Agent:

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

02/08/2012

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