2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033266

Entity Name: ACE HOMECARE LLC

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4510 SALT LAKE BLVD 1350 E MAIN ST UNIT A8 SUITE A2 HONOLULU, HI 96818 BARTOW, FL 33830

Current Mailing Address: New Mailing Address:

4510 SALT LAKE BLVD PO BOX 2261

UNIT A8 MANGO, FL 335502261 HONOLULU, HI 96818

FEI Number: 51-0547408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REMO, ARMANDO JR

8706 MAPLE LAKE PLACE
TAMPA, FL 33635 US

BARLAAN, ARTHUR
3506 COUNTRY CREEK LN
VALRICO, FL 33594 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: ARTHUR S BARLAAN 04/24/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: COMPREHENSIVE HEALTH, CARE SYSTEMS L LC Name: COMPREHENSIVE HEALTH, CARE SYSTEMS L LC

Address: 4510 SALT LAKE BLVD, UNIT A7

City-St-Zip: HONOLULU, HI 96818 City-St-Zip: HONOLULU, HI 96818

I hereby certify that the information supplied with this filing does not qualify for the 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: ARTHUR S BARLAAN CFO 04/24/2006