2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# L05000046984

Entity Name: HOME HEALTH ASSOCIATES LLC

Current Principal Place of Business:

2956 JOG ROAD
GREENACRES, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

2956 JOG ROAD
GREENACRES, FL 33467 US

New Mailing Address:

FEI Number: 20-3535346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHAW, FREDERIC M
2956 JOG RD
GREENACRES, FL 33414 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: HOME HEALTH MANAGEME, NT SERVICES IN C
Address: 2954 JOG RD
City-St-Zip: GREENACRES, FL 33467

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SHAW, FREDERIC
Address: 14924 DRAFT HORSE LN
City-St-Zip: WELLINGTON, FL 33414

Title: MGR ( ) Change (X) Addition
Name: SHAW, LINDA
Address: 14924 DRAFT HORSE LANE
City-St-Zip: WELLINGTON, FL 33414

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: FREDERIC SHAW MGRM 07/07/2008

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