

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061548

FILED  
Jan 19, 2006  
Secretary of State

Entity Name: MIAMI HOME HEALTHCARE LLC

**Current Principal Place of Business:**

9621 S.W. 73 COURT  
PINECREST, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

9621 S.W. 73 COURT  
PINECREST, FL 33156 US

**New Mailing Address:**

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

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

BERNSTEIN, JEFFREY A ESQ.  
100 N. BISCAYNE BLVD.  
SUITE 1001  
MIAMI, FL 33132 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: MGRM ( ) Delete  
Name: TAPIADOR, ALICIA  
Address: 100 N. BISCAYNE BLVD., #1001  
City-St-Zip: MIAMI, FL 33132 US

Title: MGRM ( ) Delete  
Name: MENDOZA, OSCAR  
Address: 9621 S.W. 73 COURT  
City-St-Zip: MIAMI, FL 33156 US

Title: MGRM (X) Delete  
Name: DALIDA, LEILA T  
Address: 13401 N.W. 1 AVENUE  
City-St-Zip: MIAMI, FL 33168 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: ELIAS, MAGDA  
Address: 100 N. BISCAYNE BLVD. #1001  
City-St-Zip: MIAMI, FL 33132 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALICIA TAPIADOR

MGMR

01/19/2006

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