

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