2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2006
Secretary of State

DOCUMENT# L05000074330

Entity Name: HOME HEALTH CARE PROVIDERS OF SOUTH FLORIDA LLC

Current Principal Place of Business:

6952 CROWN GATE DRIVE
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

7150 WEST 20 AVENUE
412-D
HIALEAH, FL 33016 US

Current Mailing Address:

6952 CROWN GATE DRIVE
MIAMI LAKES, FL 33014 US

New Mailing Address:

7150 WEST 20 AVENUE
412-D
HIALEAH, FL 33016 US

FEI Number: 20-3248245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

BUENO, ANNETTE D
6952 CROWN GATE DRIVE
MIAMI LAKES, FL 33014 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: RODRIGUEZ, TAMARA
Address: 6952 CROWN GATE DRIVE
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: MGRM ( ) Delete
Name: BUENO, ANNETTE D
Address: 6952 CROWN GATE DRIVE
City-St-Zip: MIAMI LAKES, FL 33014 US

ADDITIONS/CHANGES:

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

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: ANNETTE D. BUENO MGRM 06/26/2006

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