

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074330

FILED
Feb 18, 2008
Secretary of State

Entity Name: HOME HEALTH CARE PROVIDERS OF SOUTH FLORIDA LLC

Current Principal Place of Business:

3350 SW 148TH AVE
SUITE 110
MIRAMAR, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

3350 SW 148TH AVE
SUITE 110
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: 42-1724197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATHERINE HITE, P.A.
799 BRICKELL PLAZA
SUITE 700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

RODRIGUEZ, TAMARA
3350 SW 48TH AVE
SUITE 110
MIRAMAR, FL 33027 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: TAMARA RODRIGUEZ

02/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: VP,M () Delete
Name: RODRIGUEZ, TAMARA
Address: 6952 CROWN GATE DRIVE
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: P,M () Delete
Name: ESCARPIO, MARIA
Address: 7845 CORAL WAY
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES:

Title: P, T (X) Change () Addition
Name: RODRIGUEZ, TAMARA
Address: 6801 MIAMI LAKEWAY S
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: VP,M (X) Change () Addition
Name: ESCARPIO, MARIA
Address: 7000 SW 97TH AVE
City-St-Zip: MIAMI, FL 33173

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: TAMARA RODRIGUEZ

PD

02/18/2008

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