2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# L05000092845

Entity Name: EAST COAST HOME CARE LLC

Current Principal Place of Business:

1256 SW MAPLEWOOD DR
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

1740 SW ST. LUCIE WEST BLVD
SUITE 204
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 51-0556033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: ARCADIPANE, ANDREW F
Address: 1256 SW MAPLEWOOD DR
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES:

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

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: ANDREW ARCADIPANE MGRM 02/23/2009

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