

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111175

FILED
May 01, 2008
Secretary of State

Entity Name: GOLDEN CARE HOME HEALTH AGENCY "LLC"

Current Principal Place of Business:

1543 LAKELAND HILLS BLVD.
LAKELAND, FL 33805 US

New Principal Place of Business:

Current Mailing Address:

1543 LAKELAND HILLS BLVD.
LAKELAND, FL 33805 US

New Mailing Address:

FEI Number: 01-0850287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROOMFIELD, CONROY A
Address: 3465 SLEEPY HILL OAKS STREET
City-St-Zip: LAKELAND, FL 33810 US

Title: MGRM () Delete
Name: BROOMFIELD, MICHELLE
Address: 3465 SLEEPY HILL OAKS STREET
City-St-Zip: LAKELAND, FL 33810 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 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: CONROY A. BROOMFIELD

MGRM

05/01/2008

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