

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040433

Entity Name: ACA HOME HEALTH LLC

FILED  
Apr 22, 2008  
Secretary of State

**Current Principal Place of Business:**

1218 N.W. 7 STREET  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

1218 N.W. 7 STREET  
MIAMI, FL 33125

**New Mailing Address:**

FEI Number: 27-0141806

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROMAN SALSAMENDI, ALEJANDRO  
1218 N.W. 7 STREET  
MIAMI, FL 33125 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: ROMAN SALSAMENDI, ALEJANDRO  
Address: 1218 N.W. 7 STREET  
City-St-Zip: MIAMI, FL 33125

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: DE LA GUARDIA, CLAUDIA  
Address: 1218 NW 7 STREET  
City-St-Zip: MIAMI, FL 33125

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: FAUSTO@BELLSOUTH.NET

MGRM

04/22/2008

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