

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053970

FILED
Feb 26, 2007
Secretary of State

Entity Name: KENDALL HOME HEALTH AGENCY LLC

Current Principal Place of Business:

13200 SW 128TH STREET, STE. A2
MIAMI, FL 33186

New Principal Place of Business:

13200 SW 128TH STREET
SUITE A2
MIAMI, FL 33186

Current Mailing Address:

13200 SW 128TH STREET, STE. A2
MIAMI, FL 33186

New Mailing Address:

13200 SW 128TH STREET
SUITE A2
MIAMI, FL 33186

FEI Number: 20-4926228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARIZONTE, FERNANDO
13200 SW 128TH STREET, STE. A2
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

BARIZONTE, FERNANDO
13200 SW 128TH STREET
SUITE A2
MIAMI, FL 33186 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: MGR

02/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARIZONTE, FERNANDO
Address: 13200 SW 128TH STREET, STE. A2
City-St-Zip: MIAMI, FL 33186

Title: MGR () Delete
Name: AVILES, MICHAEL F
Address: 13662 SW 128TH STREET, STE. A2
City-St-Zip: MIAMI, FL 33186

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: FERNANDO BARIZONTE

MGR

02/26/2007

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