2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054342

Title:

Name:

Address:

City-St-Zip:

MGRM

RIVERO, MARIA T

MIAMI, FL 33173 US

(X) Delete

8550 SW 109 AVENUE, #121

Entity Name: CITY OF ANGELS HOME HEALTH CARE, LLC.

FILED Apr 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9963 SW 147 COURT 12926 SW 133 COURT MIAMI, FL 33196 US SUITE B MIAMI, FL 33186 **Current Mailing Address: New Mailing Address:** 9963 SW 147 COURT MIAMI, FL 33196 FEI Number: 20-5103356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRUTT, MICHAEL C 9963 SW 147 COURT MIAMI, FL 33196 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete TRUTT, MICHAEL C Name: Name: Address: 9963 SW 147 COURT Address: City-St-Zip: MIAMI, FL 33196 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: TRUTT, MARGARITA Name: Address: 9963 SW 147 COURT Address: City-St-Zip: MIAMI, FL 33196 US City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition SANTIAGO, MARIA E Name: RIVERO, MARIA T Name: 2330 OLEANDER DRIVE 8550 SW 109 AVENUE, #121 Address: Address: City-St-Zip: MIRAMAR, FL 33023 US City-St-Zip: MIAMI, FL 33173

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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: MICHAEL C. TRUTT MGRM 04/11/2007