

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058008

FILED
Aug 19, 2008
Secretary of State

Entity Name: PROFESSIONAL HOME HEALTH, LLC

Current Principal Place of Business:

3798-B WEST 12 AVENUE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

3798-B WEST 12 AVENUE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-4997478 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:

ORDAZ, SANTIAGO
3798-B WEST 12 AVENUE
HIALEAH, FL 33012 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: ORDAZ, SANTIAGO
Address: 3798-B WEST 12 AVENUE
City-St-Zip: HIALEAH, FL 33012

Title: MGRM () Delete
Name: RICARDO, OSVALDO
Address: 3798-B WEST 12 AVENUE
City-St-Zip: HIALEAH, FL 33012

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: SANTIAGO ORDAZ

CEO

08/19/2008

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