

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076797

FILED
Jun 24, 2008
Secretary of State

Entity Name: PROFESSIONAL MEDICAL HOME HEALTH LLC.

Current Principal Place of Business:

930 HIALEAH DRIVE UNIT #14
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

930 HIALEAH DRIVE UNIT #14
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 20-5326776 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:

VIVES, FLOR M
641 E. 41 STREET
HIALEAH, FL 33010 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: MGR () Delete
Name: VIVES, FLOR M
Address: 641 E. 41 STREET
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES:

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: VIVES, FLOR M

MGR

06/24/2008

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