

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094201

FILED
Jan 16, 2009
Secretary of State

Entity Name: PLATINUMONE HOME HEALTH SERVICES LLC

Current Principal Place of Business:

15315 NW 60TH AVE
SUITE G
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15315 NW 60TH AVE
SUITE G
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 74-3190528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGUELLES, LORNA LELANY L
15315 NW 60TH AVE
SUITE G
MIAMI LAKES, FL 33014 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: MGR () Delete
Name: ARGUELLES, REYNALDO L
Address: 5979 N.W. 151 STREET, #236
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR () Delete
Name: L. ARGUELLES, LORNA LELANY
Address: 5979 N.W. 151 STREET, #236
City-St-Zip: MIAMI LAKES, FL 33014

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: REYNALDO L ARGUELLES

MGR

01/16/2009

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