

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100223

Entity Name: M A HOME HEALTH, LLC

FILED  
Apr 11, 2008  
Secretary of State

**Current Principal Place of Business:**

1800 SW 1ST  
309  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

1800 SW 1ST  
309  
MIAMI, FL 33135

**New Mailing Address:**

FEI Number: 20-5713729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FUSTER, MARIA V  
3380 SW 109 AVENUE  
MIAMI, FL 33165 US

**Name and Address of New Registered Agent:**

ARISTICA, MARIUSKA  
1725 W 60 ST APT F-112  
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: MARIUSKA ARISTICA

04/11/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: VP ( ) Delete  
Name: ARISTICA, MARIUSKA  
Address: 1725 W 60TH ST APT F112  
City-St-Zip: HIALEAH, FL 33012

Title: P ( ) Delete  
Name: FUSTER, MARIA V  
Address: 3380 S.W. 109 AVE  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES:**

Title: VP (X) Change ( ) Addition  
Name: CHOY, ALBERTO  
Address: 1725 W 60TH ST APT F112  
City-St-Zip: HIALEAH, FL 33012

Title: P (X) Change ( ) Addition  
Name: ARISTICA, MARIUSKA  
Address: 3380 S.W. 109 AVE  
City-St-Zip: MIAMI, FL 33165

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: MARIUSKA ARISTICA

P

04/11/2008

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