

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000100223

FILED
Oct 07, 2008
Secretary of State**Entity Name:** M A HOME HEALTH, LLC**Current Principal Place of Business:**1800 SW 1ST
309
MIAMI, FL 33135**New Principal Place of Business:**2500 SW 107 AVE
29
MIAMI, FL 33165**Current Mailing Address:**1800 SW 1ST
309
MIAMI, FL 33135**New Mailing Address:**2500 SW 107 AVE
29
MIAMI, FL 33165**FEI Number:** 20-5713729**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ARISTICA, MARIUSKA
1725 W 60 ST APT F-112
HIALEAH, FL 33012 US**Name and Address of New Registered Agent:**FUSTER, MARIA V
3380 SW 109 AVE
MIAMI, FL 33165 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: MARIA V FUSTER

10/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** VP () Delete
Name: CHOY, ALBERTO
Address: 1725 W 60TH ST APT F112
City-St-Zip: HIALEAH, FL 33012**Title:** P () Delete
Name: ARISTICA, MARIUSKA
Address: 3380 S.W. 109 AVE
City-St-Zip: MIAMI, FL 33165**ADDITIONS/CHANGES:****Title:** P (X) Change () Addition
Name: FUSTER, MARIA V
Address: 3380 SW 109 AVE
City-St-Zip: MIAMI, FL 33165**Title:** VP (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: MARIA V FUSTER

P

10/07/2008

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