

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107152

FILED
Mar 25, 2009
Secretary of State

Entity Name: ACTIVE HOME HEALTH CARE SERVICES LLC

Current Principal Place of Business:

2669 FOREST HILL BLVD.
SUITE 109
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

2669 FOREST HILL BLVD.
SUITE 109
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 20-8059673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL RAGOONATH & ASSOC INC
200 KNUTH RD
SUITE 218
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

ZAGUIRRE, CONRAD CFO
2669 FOREST HILL BLVD.
SUITE 109
WEST PALM BEACH, FL 33406 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: CONRAD ZAGUIRRE

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGM () Delete
Name: ZAGUIRRE, GRACE
Address: 3180 HAMBLIN WAY
City-St-Zip: WELLINGTON, FL 33414

Title: MGM () Delete
Name: RENNA, FELVINA
Address: 152 BELLEZZA TERR
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: GRACE ZAGUIRRE

MS

03/25/2009

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