2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2010
Secretary of State

DOCUMENT# L06000107152

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:

1495 FOREST HILL BLVD.
SUITE A
WEST PALM BEACH, FL 33406

Current Mailing Address:

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

New Mailing Address:

1495 FOREST HILL BLVD.
SUITE A
WEST PALM BEACH, FL 33406

FEI Number: 20-8059673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RENNA, FELVINA
1495 FOREST HILL BLVD.
SUITE A
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: FELVINA RENNA 02/10/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ADMI
Name: RENNA, FELVINA
Address: 1495 FOREST HILL BLVD.
City-St-Zip: WEST PALM BEACH, FL 33406

Title: MGM
Name: ZAGUIRRE, GRACE
Address: 1495 FOREST HILL BLVD., SUITE A
City-St-Zip: WEST PALM BEACH, FL 33406

Title: CFO
Name: ZAGUIRRE, CONRAD
Address: 1495 FOREST HILL BLVD, SUITE A
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby 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 Statues.

SIGNATURE: FELVINA RENNA ADMI 02/10/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date