

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 08, 2009
Secretary of State**

DOCUMENT# L06000111574

Entity Name: GIA HOME HEALTH CARE, LLC

Current Principal Place of Business:

6187 N.W. 167 STREET, STE. H-4
MIAMI LAKES, FL 33015

New Principal Place of Business:

Current Mailing Address:

6187 N.W. 167 STREET, STE. H-4
MIAMI LAKES, FL 33015

New Mailing Address:

FEI Number: 84-1721022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDOZA, OFELIA
6187 N.W. 167 STREET, STE. H-4
MIAMI LAKES, FL 33015 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: MGRM () Delete
Name: MENDOZA, OFELIA
Address: 6187 N.W. 167 STREET, STE. H-4
City-St-Zip: MIAMI LAKES, FL 33015

ADDITIONS/CHANGES:

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: OFELIA MENDOZA

RA

04/08/2009

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