

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111574

**FILED
Jan 27, 2010
Secretary of State**

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:

LOPEZ, MANUEL R ESQ.
770 PONCE DE LEON BLVD., PENTHOUSE SUITE
CORAL GABLES, FL 33134 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
Name: MENDOZA, OFELIA
Address: 6187 N.W. 167 STREET, STE. H-4
City-St-Zip: MIAMI LAKES, FL 33015

Title: MGRM
Name: ORTEGA, REYNALDO
Address: 6187 N.W. 167 STREET, STE. H-4
City-St-Zip: MIAMI LAKES, FL 33015

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 Statutes.

SIGNATURE: REYNALDO ORTEGA MGR 01/27/2010

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