2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Oct 22, 2008
Secretary of State

DOCUMENT# L07000005199

Entity Name: DISTINCTIVE HOME CARE, LLC

Current Principal Place of Business:

6450 NW 5TH WAY
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6450 NW 5TH WAY
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 20-8244849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
1900 GLADES ROAD, SUITE 401
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

MENKHAUS, DAVID J
1900 GLADES ROAD
SUITE 401
BOCA RATON, FL 33431 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: _____ 10/22/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	COMPREHENSIVE WELLNE, SS SERVICES	
Address:	6450 NW 5TH WAY	
City-St-Zip:	FT. LALUDERDALE, FL 33309 US	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	BRAGG, GARRETT W	
Address:	6450 NW 5TH WAY	
City-St-Zip:	FT. LALUDERDALE, FL 33309 US	
Title:	MGRM	( ) Change (X) Addition
Name:	BRAGG, DENISE	
Address:	6450 NW 5TH WAY	
City-St-Zip:	FT. LAUDERDALE, FL 33309	
Title:	MGRM	( ) Change (X) Addition
Name:	ALT, LES	
Address:	6450 NW 5TH WAY	
City-St-Zip:	FT. LAUDERDALE, FL 33309	
Title:	MGRM	( ) Change (X) Addition
Name:	MENKHAUS, DAVID J	
Address:	6450 NW 5TH WAY	
City-St-Zip:	FT. LAUDERDALE, FL 33309	

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: GARRETT W. BRAGG MGRM 10/22/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date