

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010591

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: UNITED CARE HOME HEALTH SERVICES LLC

**Current Principal Place of Business:**

12565 ORANGE DR, STE 409  
DAVIE, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

12565 ORANGE DR, STE 409  
DAVIE, FL 33330

**New Mailing Address:**

FEI Number: 20-8373759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALOMA, DOMINIC  
12565 ORANGE DR, STE 409  
DAVIE, FL 33330 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: MGR ( ) Delete  
Name: ALOMA, DOMINIC  
Address: 13163 SW 16TH ST.  
City-St-Zip: DAVIE, FL 33325

Title: MGR ( ) Delete  
Name: NADUPARAMBIL, SANJAIMON  
Address: 4022 TURQUIOSE TR.  
City-St-Zip: WESTON, FL 33331

Title: S ( ) Delete  
Name: NADUPARAMBIL, JESSE  
Address: 4022 TURQUIOSE TR.  
City-St-Zip: WESTON, FL 33331

Title: T ( ) Delete  
Name: ALOMA, DENISE  
Address: 13163 SW 16TH ST.  
City-St-Zip: DAVIE, FL 33325

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: NADUPARAMBIL, JESSY  
Address: 4022 TURQUIOSE TR.  
City-St-Zip: WESTON, FL 33331

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: DOMINIC ALOMA

MGR

03/19/2009

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