2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L07000027414

Entity Name: COMFORT CARE HOME HEALTH, LLC

Current Principal Place of Business:

710 FLAMINGO DRIVE
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

615 S.W. SAINT LUCIE CRESENT
STUART, FL 34994 US

Current Mailing Address:

710 FLAMINGO DRIVE
WEST PALM BEACH, FL 33401 US

New Mailing Address:

615 S.W. SAINT LUCIE CRESENT
STUART, FL 34994 US

FEI Number: 37-1540221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICCA-CHITWOOD, DIANE
710 FLAMINGO DRIVE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

RICCA-CHITWOOD, DIANE
615 S.W. SAINT LUCIE CRESENT
STUART, FL 34994 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: DIANE RICCA 04/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RICCA-CHITWOOD, DIANE
Address: 710 FLAMINGO DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RICCA-CHITWOOD, DIANE
Address: 615 S.W. SAINT LUCIE CRESENT
City-St-Zip: STUART, FL 34994

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: DIANE RICCA PRES 04/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date