2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027579

Entity Name: MEGAMED HOME HEALTH CARE, L.L.C.

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7311 NW 36TH STREET 10570 NW 27 STREET MIAMI, FL 331666704

UNIT H101

DORAL, FL 33172

Current Mailing Address: New Mailing Address:

10570 NW 27 STREET 7311 NW 36TH STREET MIAMI, FL 331666704 UNIT H101

DORAL, FL 33172

FEI Number: 20-8626649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MARTIN-HIDALGO, VICENTE MARTIN-HIDALGO, VICENTE 7311 NW 36TH STREET 10570 NW 27 STREET MIAMI, FL 33166 **UNIT H 101**

DORAL, FL 33172 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: VICENTE MARTIN-HIDALGO 03/31/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition MARTIN-HIDALGO, VICENTE MARTIN-HIDALGO, VICENTE Name: Name: 7311 NW 36TH STREET Address: 10570 NW 27 STREET, UNIT H101 Address:

City-St-Zip: MIAMI, FL 33166 City-St-Zip: DORAL, FL 33178

Title: MGRM Title: MGRM (X) Change () Addition () Delete MARTIN-HIDALGO, RAYSA C Name: MARTIN-HIDALGO, RAYSA C Name: Address: 7311 NW 36TH STREET Address: 10570 NW 27 STREET, UNIT H101 City-St-Zip: MIAMI, FL 33166 City-St-Zip: DORAL, FL 33178

Title: MGRM (X) Delete Title: () Change () Addition

PERALTA, URSULA A Name: Name: 7311 NW 36TH STREET Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

Name: LABARCENA, EDY Name: Address: 7311 NW 36TH STREET Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip:

MGRM Title: Title: (X) Delete () Change () Addition

DUARTE, PAULA Name: Name: 7311 NW 36TH STREET Address: Address: City-St-Zip: MIAMI, FL 33166 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: VICENTE MARTIN-HIDALGO **MGRM** 03/31/2009