

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000027579

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

10570 NW 27 STREET  
UNIT H101  
DORAL, FL 33172

**New Principal Place of Business:**

4155 SW 130 AVE  
SUITE 113  
MIAMI, FL 33175

**Current Mailing Address:**

10570 NW 27 STREET  
UNIT H101  
DORAL, FL 33172

**New Mailing Address:**

4155 SW 130 AVE  
SUITE 113  
MIAMI, FL 33175

**FEI Number:** 20-8626649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTIN-HIDALGO, VICENTE  
10570 NW 27 STREET  
UNIT H 101  
DORAL, FL 33172 US

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

MARTIN-HIDALGO, VICENTE  
4155 SW 130 AVE  
SUITE 113  
MIAMI, FL 33175 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 M HIDALGO

02/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MARTIN-HIDALGO, VICENTE  
Address: 4155 SW 130 AVE, SUITE 113  
City-St-Zip: MIAMI, FL 33175

Title: MGRM  
Name: MARTIN-HIDALGO, RAYSA C  
Address: 4155 SW 130 AVE, SUITE 113  
City-St-Zip: MIAMI, FL 33175

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: VICENTE MARTIN-HIDALGO

MGRM

02/22/2010

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