2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# L07000042015

Entity Name: CERTIFIED HOME HEALTH CARE, LLC

Current Principal Place of Business:

1000 118TH AVENUE NORTH
SUITE 1002
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

1000 118TH AVENUE NORTH
SUITE 1002
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 77-0682021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KADOURA, BRUCE
1000 118TH AVENUE NORTH
SUITE 1002
ST. PETERSBURG, FL 33716 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: MGRM ( ) Delete
Name: KADOURA, BRUCE
Address: 1000 118TH AVENUE NORTH, #1002
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGR ( ) Delete
Name: BAYYARI, MOHD
Address: 2625 SR 590, APT 2832
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES:

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

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: BRUCE KADOURA MGR 07/08/2008

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