2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# L07000097361

Entity Name: SOUTH FLORIDA HOME HEALTH CARE AGENCY, LLC

Current Principal Place of Business:

17070 COLLINS AVENUE
SUITE 259
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

1250 E. HALLANDALE BEACH BLVD
SUITE 602-E
HALLANDALE BEACH, FL 33009

Current Mailing Address:

17070 COLLINS AVENUE
SUITE 259
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

1250 E. HALLANDALE BEACH BLVD
SUITE 602-E
HALLANDALE BEACH, FL 33009

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KRUEGER, GERALD J
10185 COLLINS AVE
#403
BAL HARBOUR, FL 33154 US

Name and Address of New Registered Agent:

GRINBERG, BENJAMIN
1250 E. HALLANDALE BEACH BLVD
SUITE 602-E
HALLANDALE BEACH, FL 33009 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: BENJAMIN GRINBERG 02/05/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KRUEGER, GERALD J
Address: 10185 COLLINS AVE, #403
City-St-Zip: BAL HARBOUR, FL 33154

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GRINBERG, BENJAMIN
Address: 1250 E. HALLANDALE BEACH BLVD, SUITE 602-E
City-St-Zip: HALLANDALE BEACH, FL 33009

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: BENJAMIN GRINBERG MGR 02/05/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date