
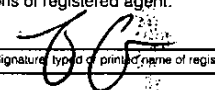
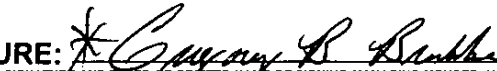


**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

[illegible]

<b>DOCUMENT # L07000097761</b>						04-21-2008 90326 048 ***143.75	
1. Entity Name <b>FAITH ELDERCARE &amp; HOMECARE SERVICES, LLC</b>							
Principal Place of Business <b>1981 WOOLBRIGHT RD. BUILDING E SUITE 203 BOYNTON BEACH, FL 33426 US</b>				Mailing Address <b>1981 WOOLBRIGHT RD. BUILDING E SUITE 203 BOYNTON BEACH, FL 33426 US</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>THE LAW OFFICES OF NICK SPRADLIN, PLLC 12000 NORTH DALE MABRY HWY SUITE 110 TAMPA, FL 33618</b>				7. Name and Address of New Registered Agent <b>THE LAW OFFICES OF NICK SPRADLIN, PLLC 12000 NORTH DALE MABRY HWY SUITE 110 TAMPA FL 33618</b>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				DATE <b>3/19/08</b>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUBAKER, GREGORY B 1981 WOOLBRIGHT RD. BUILDING E SUITE 203 BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 				Date <b>3-19-08</b> Daytime Phone # <b>561-386-7011</b>			