2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# L07000108326

Entity Name: ASSURED HOME HEALTHCARE, LLC

Current Principal Place of Business:

318 HIGHCROFT COURT
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

318 HIGHCROFT COURT
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 26-1301423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIN, TROY
318 HIGHCROFT COURT
LAKE MARY, FL 32746 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: CHIN, TROY
Address: 318 HIGHCROFT COURT
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM ( ) Delete
Name: CHIN, KANWAL
Address: 318 HIGHCROFT COURT
City-St-Zip: LAKE MARY, FL 32746

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MRGM ( ) Change (X) Addition
Name: COTARELO, GLORIA
Address: 1795 TANGLEWOOD DR
City-St-Zip: KISSIMMEE, FL 34746 US

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: TROY CHIN MGRM 02/19/2008

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