2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109887

Entity Name: FAMILY HOME HEALTH LLC

FILED Jun 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2175 S.W. 78TH PLACE 16300 NE 19 AVENUE

MIAMI, FL 33155 STE: 235

NORTH MIAMI BEACH, FL 33162

Current Mailing Address: New Mailing Address:

2175 S.W. 78TH PLACE 16300 NE 19 AVENUE

MIAMI, FL 33155 STE: 235

NORTH MIAMI BEACH, FL 33162

FEI Number: 26-1376460 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: Name and Address of New Registered Agent:

RUBALCABA, CARMELA M
2175 S.W. 78TH PLACE
16300 NE 19 AVENUE

MIAMI, FL 33155 US STE: 235
NORTH MIAMI BEACH, FL 33162 US

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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: 06/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: RUBALCABA, CARMELA G Name: RUBALCABA, CARMELA G Address: 2175 S.W. 78TH PLACE Address: 16300 NE 19 AVENUE STE: 235

City-St-Zip: MIAMI, FL 33155 City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: CARMELA G. RUBALCABA MGRM 06/30/2009