

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109887

FILED
Mar 08, 2010
Secretary of State

Entity Name: FAMILY HOME HEALTH LLC

Current Principal Place of Business:

16300 NE 19 AVENUE
STE: 235
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16300 NE 19 AVENUE
STE: 235
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 26-1376460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBALCABA, CARMELA M
16300 NE 19 AVENUE
STE: 235
NORTH MIAMI BEACH, FL 33162 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
Name: RUBALCABA, CARMELA G
Address: 16300 NE 19 AVENUE STE: 235
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby 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 RUBALCABA

MGRM

03/08/2010

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