

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113511

FILED  
Jul 03, 2008  
Secretary of State

Entity Name: CORAL WEST HOME HEALTH, LLC.

## Current Principal Place of Business:

15541 SW 30 ST  
MIAMI, FL 33185

## New Principal Place of Business:

2460 SW 137 AVE  
248-249  
MIAMI, FL 33175

## Current Mailing Address:

15541 SW 30 ST  
MIAMI, FL 33185

## New Mailing Address:

2460 SW 137 AVE  
248-249  
MIAMI, FL 33175

FEI Number: 26-1686953      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

SARDINAS, HENRY  
15541 SW 30 ST  
MIAMI, FL FL      US

## Name and Address of New Registered Agent:

MARTINEZ, NOHARI M  
2460 SW 137 AVE  
248-249  
MIAMI, FL 33175 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: NOHARI M MARTINEZ

07/03/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MARTINEZ, NOHARI  
Address: 15541 SW 30 ST  
City-St-Zip: MIAMI, FL 33185

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MARTINEZ, NOHARI M  
Address: 2460 SW 137 AVE SUITE 248-249  
City-St-Zip: MIAMI, FL 33175

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: NOHARI M MARTINEZ

MGR

07/03/2008

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