2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2008
Secretary of State

DOCUMENT# L07000114863

Entity Name: PROVIDERS WHO CARE HOME HEALTH AGENCY LLC

Current Principal Place of Business:

6300 W 35TH COURT
MIRAMAR, FL 33023

New Principal Place of Business:

6001 NW 153RD STREET
SUITE 203
MIAMI LAKES, FL 33014

Current Mailing Address:

6300 W 35TH COURT
MIRAMAR, FL 33023

New Mailing Address:

6001 NW 153RD STREET
SUITE 203
MIAMI LAKES, FL 33014

FEI Number: 83-0499358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTERSON, MAUREEN M
6300 W 35TH COURT
MIRAMAR, FL 33023 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: MGR ( ) Delete
Name: PATTERSON, MAUREEN M
Address: 6300 W 35TH COURT
City-St-Zip: MIRAMAR, FL 33023

Title: MGR ( ) Delete
Name: JOHNSON, DAVID C JR
Address: 6300 W 35TH COURT
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES:

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

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

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: MAUREEN M PATTERSON MGR 03/11/2008

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