2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2011
Secretary of State

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Entity Name: PROVIDERS WHO CARE HOME HEALTH AGENCY LLC

Current Principal Place of Business:

3200 N. FEDERAL HWY., STE 206-22
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

3200 N. FEDERAL HWY., STE 206-22
BOCA RATON, FL 33431

New Mailing Address:

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
3846 W GARDENIA AVE
WESTON, FL 33332 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
Name: PATTERSON, MAUREEN M
Address: 3846 W GARDENIA AVE
City-St-Zip: WESTON, FL 33332

Title: MGR
Name: JOHNSON, DAVID C JR
Address: 4250 VINEYARD CIRCLE
City-St-Zip: WESTON, FL 33332

Title: MGR
Name: ROY, GREGORY G
Address: 11121 MINNEAPOLIS DR
City-St-Zip: COOPER CITY, FL 33026

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 Statues.

SIGNATURE: MAUREEN PATTERSON MGR 04/05/2011

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