

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011504

FILED  
May 13, 2009  
Secretary of State

**Entity Name:** NURSES ON CALL HOME HEALTH, LLC

**Current Principal Place of Business:**

9145 SW 40TH STREET #1-A  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

9145 SW 40TH STREET #1-A  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **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:**

GARCIA, ALICA  
1401 SW 107 AVE  
SUITE 301J  
MIAMI, FL 33174 US

**Name and Address of New Registered Agent:**

GARCIA, ALICA  
9145 SW 40 STREET  
STE 1A  
MIAMI, FL 33165 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: ALICIA GARCIA

05/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: GARCIA, ALICIA  
Address: 9145 SW 40 STREET STE 1A  
City-St-Zip: MIAMI, FL 33165

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: ALICIA GARCIA

MGRM

05/13/2009

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