

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Mar 15, 2009
Secretary of State**

DOCUMENT# L08000019738

Entity Name: P & M HOME HEALTH SERVICES LLC

Current Principal Place of Business:

6299 WEST SUNRISE BLVD.
201
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

6299 WEST SUNRISE BLVD.
201
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 26-2025165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARDO, CARLOS A
6299 WEST SUNRISE BLVD.
201
SUNRISE, FL 33313 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: MORENO, HERNANDO
Address: 6299 WEST SUNRISE BLVD. # 201
City-St-Zip: SUNRISE, FL 33313 US

Title: MGRM () Delete
Name: PARDO, CARLOS A
Address: 6299 WEST SUNRISE BLVD. # 201
City-St-Zip: SUNRISE, FL 33313 US

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: HERNANDO MORENO MGR 03/15/2009

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