

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077082

FILED
Jan 07, 2009
Secretary of State

Entity Name: NEWDAY HOME HEALTH SERVICES, LLC.

Current Principal Place of Business:

10179 SW 199 STREET
CUTLER BAY, FL 33157

New Principal Place of Business:

16201 SW 95TH AV
218
CUTLER BAY, FL 33157

Current Mailing Address:

10179 SW 199 STREET
CUTLER BAY, FL 33157

New Mailing Address:

16201 SW 95TH AV
218
CUTLER BAY, FL 33157

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

Name and Address of Current Registered Agent:

DELISMA, MARIE CARMEL
10179 SW 199 STREET
CUTLER BAY, FL 33157 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: DELISMA, EVENS
Address: 10179 SW 199 STREET
City-St-Zip: CUTLER BAY, FL 33157

Title: MGRM () Delete
Name: DELISMA, MARIE GABRIELL
Address: 6920 SW 54 STREET
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Delete
Name: REMY, JIDLYNE
Address: 715 NW 4 STREET
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Delete
Name: DELISMA, JERSLY
Address: 20921 SW 103 COURT
City-St-Zip: CUTLER BAY, FL 33189

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DELISMA, EVENS
Address: 10179 SW 199 STREET
City-St-Zip: CUTLER BAY, FL 33157 US

Title: MGRM (X) Change () Addition
Name: DELISMA, MARIE GABRIELL
Address: 6920 SW 54 STREET
City-St-Zip: MIAMI, FL 33155 US

Title: MGRM (X) Change () Addition
Name: REMY, JIDLYNE
Address: 715 NW 4 STREET
City-St-Zip: MIAMI, FL 33155 US

Title: MGRM (X) Change () Addition
Name: DELISMA, JERSLY
Address: 20921 SW 103 COURT
City-St-Zip: CUTLER BAY, FL 33189 US

Title: MGRN () Change (X) Addition
Name: DELISMA, MARIE C
Address: 10179 SW 199 ST
City-St-Zip: MIAMI, FL 33157 US

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: MARIE CARMEL DELISMA

MGRN

01/07/2009

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