

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000082267

FILED
Oct 26, 2009
Secretary of State**Entity Name:** RR HEALTHCARE AND ASSOCIATES LLC**Current Principal Place of Business:**2900 NW 62 ST
STE 6
FT LAUDERDALE, FL 33309**New Principal Place of Business:****Current Mailing Address:**2900 NW 62 ST
STE 6
FT LAUDERDALE, FL 33309**New Mailing Address:****FEI Number:** 26-3263805**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**INTERIM HEALTHCARE OF BROWARD
2900 NW 62 ST
STE 6
FT LAUDERDALE, FL 33309 US**Name and Address of New Registered Agent:**LABARTA, LYNN
2900 NW 62 ST
STE 6
FT LAUDERDALE, FL 33309 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: LYNN LABARTA

10/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: INTERIM HEALTHCARE OF BROWARD
Address: 2900 NW 62 ST
City-St-Zip: FT LAUDERDALE, FL 33309**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: LABARTA, LYNN
Address: 2900 NW 62 ST
City-St-Zip: FT LAUDERDALE, FL 33309

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: LYNN LABARTA

MGRM

10/26/2009

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