

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087815

FILED
Feb 15, 2009
Secretary of State

Entity Name: MED-SOLUTIONS HOME HEALTH CARE, LLC

Current Principal Place of Business:

14221 SW 120TH ST.
MIAMI, FL 33186

New Principal Place of Business:

14221 SW 120TH ST.
201
MIAMI, FL 33186

Current Mailing Address:

14221 SW 120TH ST.
MIAMI, FL 33186

New Mailing Address:

14221 SW 120TH ST.
201
MIAMI, FL 33186

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEROVIDES, JANINE
3822 SW 136 AVE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

CRIBEIRO, MARTA G
14221 SW 120 ST SUITE 201
MIAMI, FL 33186 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: MARTA CRIBEIRO

02/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BEROVIDES, JANINE
Address: 3822 SW 136 AVE
City-St-Zip: MIAMI, FL 33175

Title: MGR () Delete
Name: CRIBEIRO, MARTA G
Address: 3822 SW 136 AVE
City-St-Zip: MIAMI, FL 33175

Title: MGR () Delete
Name: BEROVIDES, SANTIAGO O
Address: 3822 SW 136 AVE
City-St-Zip: MIAMI, FL 33175

Title: MGR () Delete
Name: BRAVO, EDGARD E
Address: 3822 SW 136 AVE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BEROVIDES, JANINE
Address: 14221 SW 120 ST SUITE 201
City-St-Zip: MIAMI, FL 33186

Title: MGR (X) Change () Addition
Name: CRIBEIRO, MARTA G
Address: 14221 SW 120 ST SUITE 201
City-St-Zip: MIAMI, FL 33186

Title: MGR (X) Change () Addition
Name: BEROVIDES, SANTIAGO O
Address: 14221 SW 120 ST SUITE 201
City-St-Zip: MIAMI, FL 33186

Title: MGR (X) Change () Addition
Name: BRAVO, EDGARD E
Address: 14221 SW 120 ST SUITE 201
City-St-Zip: MIAMI, FL 33186

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: JANINE BEROVIDES

MGR

02/15/2009

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