

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106437

FILED
Feb 26, 2009
Secretary of State

Entity Name: PROFESSIONAL CARE HEALTH SERVICES, L.L.C.

Current Principal Place of Business:

8365 SW 152ND AVE
C-210
MIAMI, FL 33198

New Principal Place of Business:

Current Mailing Address:

8365 SW 152ND AVE
C-210
MIAMI, FL 33198

New Mailing Address:

FEI Number: 26-3723306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, PIERRE A
8365 SW 102ND AVE
C-210
MIAMI, FL 33193 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: MGRM () Delete
Name: CRUZ, PIERRE A
Address: 8365 SW 152ND. AVE # C-210
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES:

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: PIERRE A CRUZ

MGRM

02/26/2009

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