

DOCUMENT# L09000040629

Entity Name: YOUR NURSE HOME HEALTHCARE, L.L.C.

7481 W OAKLAND PARK BLVD
#203C
LAUDERHILL, FL 33151

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#203C
LAUDERHILL, FL 33151

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

WALD, EARL
7481 W OAKLAND PARK BLVD
#203C
LAUDERHILL, FL 33151 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:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: KANTOR, CHARLES
Address: 2660 NE 51 CT
City-St-Zip: LIGHTHOUSE POINT, FL 33064

I hereby 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: CHARLES KANTOR MGR 02/16/2010

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