2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# L98000000260

Entity Name: COMPREHENSIVE SENIOR CARE, LLC.

Current Principal Place of Business:

6450 NW 5TH WAY
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6450 NW 5TH WAY
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0822685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
4800 NORTH FEDERAL HWY., STE. 210-A
BOCA RATON, FL 33431 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: ALT, LES
Address: 1239 E. NEWPORT CENTER DR., #113
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGR ( ) Delete
Name: BRAGG, GARRETT W
Address: 1239 E. NEWPORT CENTER DR., #113
City-St-Zip: DEERFIELD BEACH, FL 33442

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: MENKHAUS, DAVID J
Address: 1900 GLADES ROAD SUITE 401
City-St-Zip: BOCA RATON, FL 33431

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: GARRETT W. BRAGG MGR 03/10/2009

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