2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000004660

City-St-Zip: MIAMI, FL 33172

FILED Jan 20, 2008 Secretary of State

Entity Nan	ne: LIVING C	ARE HOME HEALTH INC.			
Current Pr	rincipal Place	of Business:	New Princip	New Principal Place of Business:	
250 FOUN' MIAMI, FL	TAINBLUE BL 33172	VD. STE 250		947 SW 122ND AVE MIAMI, FL 33184	
Current Ma	ailing Addres	ss:	New Mailing	New Mailing Address:	
250 FOUNTAINBLUE BLVD. STE 250 MIAMI, FL 33172				947 SW 122ND AVE MIAMI, FL 33184	
FEI Number:	20-8258879	FEI Number Applied For ()	FEI Number Not Applica	able () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name				Address of New Registered Agent:	
DIAZ, TAM 9275 SW 2 MIAMI, FL The above in the State	1 TERR 33165 US named entity	submits this statement for the	purpose of changing its	registered office or registered agent, or both,	
SIGNATUR					
	Electror	nic Signature of Registered Agg	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/	CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (DIAZ, TAMARA 9275 SW 21 TI MIAMI, FL 331	ERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	CANO, MARIA) Delete V BLUE BLVD. STE 250		V (X) Change()Addition KUPER, PETER 20930 VIA AZALEA #1	

City-St-Zip: BOCA RATON, FL 33428

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER KUPER ٧ 01/20/2008