


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90151 022 \*\*\*\*50.00

**DOCUMENT # L06000111574**

1. Entity Name  
**GIA HOME HEALTH CARE, LLC**



Principal Place of Business      Mailing Address  
**6187 N.W. 167 STREET, STE. H-4**      **6187 N.W. 167 STREET, STE. H-4**  
**MIAMI LAKES, FL 33015**      **MIAMI LAKES, FL 33015**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

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02222007    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
**84-1721022**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MENDOZA, OFELIA**  
**6187 N.W. 167 STREET, STE. H-4**  
**MIAMI LAKES, FL 33015**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:       DATE: **03/05/07**

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

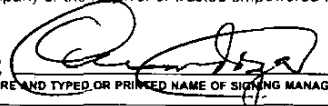
**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MENDOZA, OFELIA	
STREET ADDRESS	6187 N.W. 167 STREET, STE. H-4	
CITY-ST-ZIP	MIAMI LAKES, FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:       DATE: **03/05/07**      (305)231-1795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #