

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111574

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: GIA HOME HEALTH CARE, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 84-1721022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENDOZA, OFELIA  
6187 N.W. 167 STREET, STE. H-4  
MIAMI LAKES, FL 33015 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: MENDOZA, OFELIA  
Address: 6187 N.W. 167 STREET, STE. H-4  
City-St-Zip: MIAMI LAKES, FL 33015

**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: OFELIA MENDOZA

MGR

04/24/2008

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