2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L07000108625

Entity Name: EXPRESS HOME HEALTH CARE AGENCY, LLC

Current Principal Place of Business:

2105 VILLAGE ROAD
BARTOW, FL 33830 US

New Principal Place of Business:

4310 S FLORIDA AVE-STE 102
LAKELAND, FL 33813 US

Current Mailing Address:

2105 VILLAGE ROAD
BARTOW, FL 33830 US

New Mailing Address:

4310 S FLORIDA AVE-STE 102
LAKELAND, FL 33813 US

FEI Number: 26-1335074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVAREZ, YANDY N
2105 VILLAGE ROAD
BARTOW, FL 33830 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: ALVAREZ, YANDY N
Address: 2105 VILLAGE ROAD
City-St-Zip: BARTOW, FL 33830 US

Title: MGRM ( ) Delete
Name: TORRES, PEDRO
Address: 2837 THORNHILL RD
City-St-Zip: WINTER HAVEN, FL 33880 US

ADDITIONS/CHANGES:

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

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: YANDY ALVAREZ MGR 04/09/2009

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