

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000086431

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Entity Name:** ALPHA HOMECARE & THERAPY AGENCY, LLC

**Current Principal Place of Business:**

3040 N. WICKHAM ROAD  
SUITE 7  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

3040 N. WICKHAM ROAD  
SUITE 7  
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number:** 26-0792953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASINGAL, ARTURO A  
3040 N. WICKHAM ROAD  
SUITE 7  
MELBOURNE, FL 32935 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  
Name: CASINGAL, ARTURO A  
Address: 3040 N. WICKHAM ROAD, SUITE 7  
City-St-Zip: MELBOURNE, FL 32935

Title: MGRM  
Name: CASINGAL, JOCELYN C  
Address: 3040 N. WICKHAM ROAD, SUITE 7  
City-St-Zip: MELBOURNE, FL 32935

I hereby 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: ARTURO A. CASINGAL

MGRM

04/16/2010

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