2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2013
Secretary of State
CC6514357686

DOCUMENT# L09000002818

Entity Name: AGILITY HOMEHEALTH, LLC

Current Principal Place of Business:

4643 TAILFEATHER CT
LAND O LAKES, FL 34639

Current Mailing Address:

4643 TAILFEATHER CT
LAND O LAKES, FL 34639

FEI Number: 26-4035162

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

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

Authorized Person(s) Detail :

Title	MGRM
Name	ALVIOR, JASON
Address	4643 TAILFEATHER CT
City-State-Zip:	LAND O LAKES FL 34639

I hereby 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 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JASON ALVIOR PHYSICAL THERAPIST 03/11/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date