

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000151346

Entity Name: SOUTHEAST HOMECARE LLC

Current Principal Place of Business:

7719 NW 48TH STREET
SUITE 330
DORAL, FL 33166

Current Mailing Address:

7719 NW 48TH STREET, SUITE 330
DORAL, FL 33166

FEI Number: 26-4771656

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MGR
Name ALL-MED SERVICES OF FLORIDA,
INC.
Address 3700 COMMERCE PARKWAY
City-State-Zip: MIRAMAR FL 33025

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS D. BYRD

AUTHORIZED PERSON

04/26/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date