

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000071814

Entity Name: 1ST ALLIANCE HOME HEALTH AGENCY LLC

Current Principal Place of Business:

705 INGRAHM AVENUE
SUITE 5
HAINES CITY, FL 33844

Current Mailing Address:

705 INGRAHM AVENUE
SUITE 5
HAINES CITY, FL 33844

FEI Number: 46-5563996

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRANCIS, KAREEN
704 INGRAHAM AVENUE
SUITE 5
HAINES CITY, FL 33844 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 FRANCIS, KAREEN
Address 704 INGRAHAM AVENUE
City-State-Zip: HAINES CITY FL 33844

Title MGR
Name EVANS, NORRIS
Address 704 INGRAHAM AVENUE
City-State-Zip: HAINES CITY FL 33844

Title AMBR
Name POWELL, KARIAN
Address 704 INGRAHAM AVENUE
City-State-Zip: HAINES CITY FL 33844

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: KAREEN FRANCIS

MANAGER

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date