

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000033733

**Entity Name:** NEW AGE HOME HEALTH, LLC

**Current Principal Place of Business:**

3838 US HWY 27 S  
SUITE B  
SEBRING , FL 33870

**Current Mailing Address:**

3838 US HWY 27 S  
SUITE B  
SEBRING, FL 33870 US

**FEI Number:** 47-3207381

**Certificate of Status Desired:** Yes

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

CONTICELLO, ANTHONY L ESQ.  
2910 KERRY FORREST PKWY, STE D4-358  
TALLAHASSEE, FL 32309 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	AMBR	Title	AMBR
Name	HISE, MERLE W	Name	HISE, RANDOLPH W
Address	507 LAKE LULU DRIVE	Address	507 LAKE LULU DRIVE
City-State-Zip:	WINTERHAVEN FL 33880	City-State-Zip:	WINTERHAVEN FL 33880

*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:** MERLE J HISE

**PARTNER**

**04/30/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date