

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000169591

Entity Name: ALAN HOME HEALTH CARE, LLC

Current Principal Place of Business:

370 W CAMINO GARDENS BLVD
SUITE 332
BOCA RATON, FL 33432

Current Mailing Address:

370 W CAMINO GARDENS BLVD
SUITE 332
BOCA RATON, FL 33432 US

FEI Number: 47-5266910

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TICHENOR, DON
325 S BISCAYNE BLVD
SUITE 1516
MIAMI, FL 33131 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: DON TICHENOR

02/24/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name BOWEN, SHERRI R
Address 282 NW 69TH AVE
277
City-State-Zip: PLANTATION FL 33317

Title AMBR
Name TICHENOR, DON KENNETH
Address 1451 W. CYPRESS CREEK ROAD
SUITE 300
City-State-Zip: FORT LAUDERDALE FL 33309

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: DON TICHENOR

CFO

02/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date