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Diana

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90029 007 *****55.00

DOCUMENT # L02000005900

1. Entity Name
ALLCARE HOME HEALTH OF FLORIDA LLC



Principal Place of Business
**1312-4 MARKET CIRCLE
PORT CHARLOTTE, FL 33153**

Mailing Address
**P.O. BOX 928
CORTEZ, FL 34215**

928

24065294



DO NOT WRITE IN THIS SPACE

04272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
01-0620603

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEESTMA, RUTH E
1625 W. Marion, Suite 5
Punta Gorda FL 33950**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

4/28/04

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LEESTMA, RUTH
3840 MARINERS WAY, PO BOX 879
CORTEZ, FL 34215**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

4/27/04 941 7983551