

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000005900

**FILED**  
**Jul 05, 2007**  
**Secretary of State**

**Entity Name:** ALLCARE HOME HEALTH OF FLORIDA LLC

**Current Principal Place of Business:**

213 NASSAU STREET S.  
VENICE, FL 34285

**New Principal Place of Business:**

4402 124TH STREET WEST  
CORTEZ, FL 34215

**Current Mailing Address:**

P.O. BOX 928  
CORTEZ, FL 34215

**New Mailing Address:**

FEI Number: 01-0620603      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

LEESTMA, RUTH E  
213 NASSAU ST. S.  
VENICE, FL 34285      US

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

LEESTMA, RUTH E  
4402 124TH STREET W  
CORTEZ, FL 34215      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: \_\_\_\_\_

07/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LEESTMA, RUTH  
Address: 3840 MARINERS WAY, PO BOX 879  
City-St-Zip: CORTEZ, FL 34215

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RUTH LEESTMA

MGR

07/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date