

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000005900

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

4402 124TH STREET WEST  
CORTEZ, FL 34215

**New Principal Place of Business:**

**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 ( )**

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

LEESTMA, RUTH E  
4402 124TH STREET W  
CORTEZ, FL 34215 US

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

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

**MANAGING MEMBERS/MANAGERS:**

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

I hereby 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

MNGR

01/08/2010

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