

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022221

FILED
Mar 28, 2009
Secretary of State

Entity Name: ANCHOR HOME HEALTH SERVICES, LLC

Current Principal Place of Business:

3725 SE OCEAN BLVD.
SUITE 205
SEWALL'S POINT, FL 34996

New Principal Place of Business:

Current Mailing Address:

3725 SE OCEAN BLVD.
SUITE 205
SEWALL'S POINT, FL 34996

New Mailing Address:

FEI Number: 32-0029764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRECHBILL, MARK CPA
215 SOUTH FEDERAL HWY.
SUITE 100
STUART, FL 34994 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 () Delete
Name: SORDO, ARTURO S
Address: 15834 BARONS WAY DRIVE
City-St-Zip: CHESTERFIELD, MO 63017

Title: MGR () Delete
Name: RUMBLE, ALINA
Address: 3247 BESSEY CREEK TRAIL
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

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

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: ARTURO S. SORDO

MGR

03/28/2009

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