

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000020781

**FILED**  
**Dec 14, 2011**  
**Secretary of State**

**Entity Name:** PALM BEACH HOME CARE AGENCY LLC

**Current Principal Place of Business:**

2499 GLADES RD.  
SUITE 105  
BOCA RATON, FL 33431

**New Principal Place of Business:**

1700 N DIXIE HIGHWAY  
SUITE 148  
BOCA RATON, FL 33432

**Current Mailing Address:**

2499 GLADES RD.  
SUITE 105  
BOCA RATON, FL 33431

**New Mailing Address:**

1700 N DIXIE HIGHWAY  
SUITE 148  
BOCA RATON, FL 33432

**FEI Number:** 20-1129215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COSTON, MARTHA T  
1199 SW 4TH ST.  
BOCA RATON, FL 33486 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: COSTON, MARTHA T ADMINIS  
Address: 1700 N DIXIE HIGHWAY STE.148  
City-St-Zip: BOCA RATON,, FL 33432

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: MARTHA T COSTON

OWNE

12/14/2011

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