

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040574

FILED
May 23, 2011
Secretary of State

Entity Name: AFFECTIONATE HOME HEALTH CARE LLC

Current Principal Place of Business:

1926 10TH AVE N
SUITE 201
LAKE WORTH, FL 33461 US

New Principal Place of Business:

1926 10TH AVE N
SUITE 400
LAKE WORTH, FL 33461 US

Current Mailing Address:

1926 10TH AVE N
SUITE 201
LAKE WORTH, FL 33461 US

New Mailing Address:

1926 10TH AVE N
SUITE 400
LAKE WORTH, FL 33461 US

FEI Number: 75-3135634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLIFT, DALE R
1926 10TH AVENUE N
SUITE 201
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

CLIFT, DALE R
1926 10TH AVENUE N
SUITE 400
LAKE WORTH, FL 33461 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: DALE CLIFT

05/23/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CLIFT, DALE R
Address: 1926 10TH AVENUE N SUITE 400
City-St-Zip: LAKE WORTH, FL 33461

Title: CFO
Name: HYNES, JAMIE
Address: 1926 10TH AVENUE N SUITE 400
City-St-Zip: LAKE WORTH, FL 33461

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: JAMIE HYNES

CFO

05/23/2011

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