

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040574

FILED
May 01, 2012
Secretary of State

Entity Name: AFFECTIONATE HOME HEALTH CARE LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 400
LAKE WORTH, FL 33461 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: 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

05/01/2012

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