# 2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED**
**Oct 22, 2011**
**Secretary of State**

DOCUMENT# L05000049698

**Entity Name:** BETHESTA HOME HEALTH CARE LLC

**Current Principal Place of Business:**

2500 NW 79TH AVE
SUITE 120
MIAMI, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

2500 NW 79TH AVE
SUITE 120
MIAMI, FL 33122

**New Mailing Address:**

**FEI Number: 20-3353247** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LEON, MANUEL
2500 NW 79TH AVE
SUITE 120
MIAMI, FL 33122 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: PRSD
Name: LEON, MANUEL
Address: 2500 NW 79TH AVE SUITE 120
City-St-Zip: MIAMI, FL 33122

Title: MGMT
Name: VALDEZ, HAMLET
Address: 2500 NW 79TH AVE SUITE 120
City-St-Zip: MIAMI, FL 33122

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 Statues.

SIGNATURE: MANUEL LEON PRD 10/22/2011

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