

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000049698

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**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:**

2500 NW 79TH AVE  
SUITE 120  
DORAL, FL 33122 UN

**Current Mailing Address:**

2500 NW 79TH AVE  
SUITE 120  
MIAMI, FL 33122

**New Mailing Address:**

2500 NW 79TH AVE  
SUITE 120  
DORAL, FL 33122

**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:**

LEON, MANUEL  
2500 NW 79TH AVE  
SUITE 120  
DORAL, FL 33122 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:

04/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRSD  
Name: LEON, MANUEL  
Address: 2500 NW 79TH AVE SUITE 120  
City-St-Zip: DORAL, 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 Statutes.

SIGNATURE: MANNY LEON

PRSD

04/27/2012

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