

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000098768

**FILED**  
**Jan 09, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

6625 MIAMI LAKES DRIVE  
244  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

17665 S W 20 ST  
MIRAMAR, FL 33029

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

REMY, JEANTY  
17665 S W 20 ST  
MIRAMAR, FL 33029 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: CEO  
Name: JOSEPH, RUTH  
Address: 17665 S W 20 ST  
City-St-Zip: MIRAMAR, FL 33029

Title: CEO  
Name: REMY, JEANTY  
Address: 17665 S W 20 ST  
City-St-Zip: MIRAMAR, FL 33029

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: JEANTY REMY

ADM

01/09/2010

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