

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098624

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** EMERALD HOME HEALTH CARE SERVICES, LLC

**Current Principal Place of Business:**

2420 ENTERPRISE ROAD  
SUITE 106  
CLEARWATER, FL 33763 US

**New Principal Place of Business:**

**Current Mailing Address:**

2420 ENTERPRISE ROAD  
SUITE 106  
CLEARWATER, FL 33763 US

**New Mailing Address:**

**FEI Number:** 30-0387518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENHAM, CHRISTOPHER B CFO  
2420 ENTERPRISE ROAD  
211  
CLEARWATER, FL 33763 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: BENHAM, CHRISTOPHER B CFO  
Address: 2924 HILLCREEK CIRCLE SOUTH  
City-St-Zip: CLEARWATER, FL 33759 US

Title: MGRM  
Name: STEWART, DEBRA J ADMINIS  
Address: 2924 HILLCREEK CIRCLE SOUTH  
City-St-Zip: CLEARWATER, FL 33759 US

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: CHRISTOPHER B. BENHAM

CFO

01/04/2011

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