# 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED**
**Aug 31, 2009**
**Secretary of State**

DOCUMENT# L06000100223

**Entity Name:** M A HOME HEALTH, LLC

**Current Principal Place of Business:**

2500 SW 107 AVE
29
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

2500 SW 107 AVE
29
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number: 20-5713729** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FUSTER, MARIA V
3380 SW 109 AVE
MIAMI, FL 33165 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: P ( ) Delete
Name: FUSTER, MARIA V
Address: 3380 SW 109 AVE
City-St-Zip: MIAMI, FL 33165

Title: VP ( ) Delete
Name: ARISTICA, MARIUSKA
Address: 3380 S.W. 109 AVE
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: FUSTER, PASTOR
Address: 3380 S.W. 109 AVE
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARIA V FUSTER P 08/31/2009

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