

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000100223

Entity Name: M A HOME HEALTH, LLC

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**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  
Name: FUSTER, MARIA V  
Address: 3380 SW 109 AVE  
City-St-Zip: MIAMI, FL 33165

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

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: MARIA V. FUSTER

PRES

02/17/2011

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