

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000113548

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** VENTUS HOME HEALTH LLC

**Current Principal Place of Business:**

7175 S.W. 8TH ST., STE 212  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

7175 S.W. 8TH ST., STE 212  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 76-0844266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PERRUOLO, CRISTINA  
7175 SW 8TH STREET, SUITE 212  
MIAMI, FL 33144673 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:** PERRUOLO, CRISTINA  
**Address:** 7175 S.W. 8TH ST., STE 212  
**City-St-Zip:** MIAMI, FL 33144

**Title:** MGR  
**Name:** RODRIGUEZ, ELSA V  
**Address:** 7175 SW 8 ST, STE 212  
**City-St-Zip:** MIAMI, FL 33144

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:** CRISTINA PERRUOLO

MGRM

04/12/2011

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