

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044644

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** AMERIHEALTH HOME CARE AGENCY, LLC.

**Current Principal Place of Business:**

7700 NORTH KENDALL DRIVE SUITE 508 A  
MIAMI, FL 33156 US

**New Principal Place of Business:**

7700 NORTH KENDALL DRIVE  
SUITE 508 A  
MIAMI, FL 33156 US

**Current Mailing Address:**

7700 NORTH KENDALL DRIVE SUITE 508 A  
MIAMI, FL 33156 US

**New Mailing Address:**

7700 NORTH KENDALL DRIVE  
SUITE 508 A  
MIAMI, FL 33156 US

**FEI Number:** 13-4358862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALVAREZ, MARISA M  
7700 NORTH KENDALL DRIVE SUITE 508 A  
MIAMI, FL 33156 US

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

ALVAREZ, MARISA M  
7700 NORTH KENDALL DRIVE  
SUITE 508 A  
MIAMI, FL 33156 US

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:

04/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARTINEZ, MARISA M  
Address: 12931 SOUTH CALUSA CLUB DRIVE  
City-St-Zip: MIAMI, FL 33186 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MARTINEZ, MARISA M  
Address: 7700 NORTH KENDALL DRIVE SUITE 508 A  
City-St-Zip: MIAMI, FL 33156 US

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: MARISA M. MARTINEZ

MGRM

04/03/2009

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