2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L07000062936

Entity Name: ALPHA HOME CARE SERVICES, LLC

Current Principal Place of Business:

14651 PALM BEACH BOULEVARD
FORT MYERS, FL 33905

New Principal Place of Business:

8660 COLLEGE PARKWAY
310
FORT MYERS, FL 33919

Current Mailing Address:

P.O. BOX 61679
FT. MYERS, FL 33906

New Mailing Address:

FEI Number: 26-0385222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHOENFELD, LOWELL S
1380 ROYAL PALM SQUARE BOULEVARD
FORT MYERS, FL 33919 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: MGR ( ) Delete
Name: SAMPLE, KATHY
Address: P.O. BOX 61679
City-St-Zip: FORT MYERS, FL 33906

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SHERIDAN, CHRISTIE
Address: P.O. BOX 61679
City-St-Zip: FORT MYERS, FL 33906

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: CHRISTIE SHERIDAN MGR 04/25/2008

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