

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062936

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** ALPHA HOME CARE SERVICES, LLC

**Current Principal Place of Business:**

8660 COLLEGE PARKWAY  
310  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**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)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SCHOENFELD, LOWELL S  
1380 ROYAL PALM SQUARE BOULEVARD  
FORT MYERS, FL 33919      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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

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

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

05/04/2009

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