

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062936

FILED
Apr 27, 2010
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 ()

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
Name: SHERIDAN, CHRISTIE
Address: P.O. BOX 61679
City-St-Zip: FORT MYERS, FL 33906

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: CHRISTIE SHERIDAN

MGR

04/27/2010

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