

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072625

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** TOTAL HOME CARE PALM BEACH, LLC

**Current Principal Place of Business:**

1551 FORUM PLACE  
SUITE 100-B  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1551 FORUM PLACE  
SUITE 100-B  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 56-2671223      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HERNANDEZ, ALAIN J  
1551 FORUM PLACE  
SUITE 100-B  
WEST PALM BEACH, FL 33401 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:** HERNANDEZ, ALAIN J  
**Address:** 3531 GLENCOE STREET  
**City-St-Zip:** MIAMI, FL 33133

**Title:** MGRM  
**Name:** RAMKISSON, SHELDON  
**Address:** 3109 WEST HALLANDALE BCH. BLVD., SUITE 106  
**City-St-Zip:** HALLANDALE, FL 33009

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: SHELDON RAMKISSON      MGRM      04/18/2012

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