

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086431

FILED
Apr 28, 2009
Secretary of State

Entity Name: ALPHA HOMECARE & THERAPY AGENCY, LLC

Current Principal Place of Business:

3040 N. WICKHAM ROAD
SUITE 7
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

3040 N. WICKHAM ROAD
SUITE 7
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 26-0792953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASINGAL, ARTURO A
3040 N. WICKHAM ROAD
SUITE 7
MELBOURNE, FL 32935 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 () Delete
Name: CASINGAL, ARTURO A
Address: 3040 N. WICKHAM ROAD, SUITE 7
City-St-Zip: MELBOURNE, FL 32935

Title: MGRM () Delete
Name: CASINGAL, JOCELYN C
Address: 3040 N. WICKHAM ROAD, SUITE 7
City-St-Zip: MELBOURNE, FL 32935

Title: MGRM () Delete
Name: GANNON, DAVID
Address: POST OFFICE BOX 541638
City-St-Zip: MERRITT ISLAND, FL 32954

ADDITIONS/CHANGES:

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

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

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: JOCELYN C CASINGAL

PRES

04/28/2009

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