

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108326

FILED
Jan 07, 2010
Secretary of State

Entity Name: ASSURED HOME HEALTHCARE, LLC

Current Principal Place of Business:

951 N. ORLANDO AVE.,
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

951 N. ORLANDO AVE.,
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 26-1301423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIN, TROY
318 HIGHCROFT CT.,
LAKE MARY, FL 32746 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: CHIN, TROY
Address: 318 HIGHCROFT COURT
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM
Name: CHIN, KANWAL
Address: 318 HIGHCROFT COURT
City-St-Zip: LAKE MARY, FL 32746

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: TROY CHIN

MGRM

01/07/2010

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