

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019738

FILED  
Feb 14, 2011  
Secretary of State

Entity Name: P & M HOME HEALTH SERVICES LLC

**Current Principal Place of Business:**

6299 WEST SUNRISE BLVD.  
201  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

6299 WEST SUNRISE BLVD.  
201  
SUNRISE, FL 33313

**New Mailing Address:**

FEI Number: 26-2025165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PARDO, CARLOS A  
6299 WEST SUNRISE BLVD.  
201  
SUNRISE, FL 33313 US

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

HERNANDO, MORENO  
6299 WEST SUNRISE BLVD.  
201  
SUNRISE, FL 33313 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: HERNANDO MORENO

02/14/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MORENO, HERNANDO  
Address: 6299 WEST SUNRISE BLVD. # 201  
City-St-Zip: SUNRISE, FL 33313 US

Title: MGRM  
Name: PARDO, CARLOS A  
Address: 6299 WEST SUNRISE BLVD. # 201  
City-St-Zip: SUNRISE, FL 33313 US

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: HERNANDO MORENO

MGR

02/14/2011

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