

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000043059

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** HOME HEALTH AGENCY - PHILADELPHIA, LLC

**Current Principal Place of Business:**

872 JENKINTOWN ROAD.  
SUITE 2  
ELKINS PARK, PA 19027

**New Principal Place of Business:**

**Current Mailing Address:**

11780 W. SAMPLE RD., SUITE 105  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

11555 HERON BAY BLVD., SUITE 100  
CORAL SPRINGS, FL 33076

**FEI Number:** 20-1408427

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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:** P  
**Name:** PORTNOY, FRED PRES  
**Address:** 11555 HERON BAY BLVD., SUITE 100  
**City-St-Zip:** CORAL SPRINGS, FL 33076

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:** STEVE MARBLE

CFO

04/04/2011

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