

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000047502

FILED
Jan 05, 2009
Secretary of State

Entity Name: A PLUS HOME HEALTH CARE LLC

Current Principal Place of Business:

14000 MILITARY TRAIL, STE. 204-D
DELRAY BEACH, FL 33484

New Principal Place of Business:

1111 HYPOLUXO ROAD
SUITE 107
LANTANA, FL 33462

Current Mailing Address:

14000 MILITARY TRAIL, STE. 204-D
DELRAY BEACH, FL 33484

New Mailing Address:

1111 HYPOLUXO ROAD
SUITE 107
LANTANA, FL 33462

FEI Number: 61-1561994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEMEROFSKY, TRACY A
14000 MILITARY TRAIL
STE. 204-D
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

NEMEROFSKY, TRACY A
1111 HYPOLUXO ROAD
STE. 107
LANTANA, FL 33462 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: TRACY NEMEROFSKY

01/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEMEROFSKY, TRACY A
Address: 14000 MILITARY TRAIL, STE. 204-D
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGR () Delete
Name: NEMEROFSKY, STEPHEN L
Address: 14000 MILITARY TRAIL STE. 204-D
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NEMEROFSKY, TRACY A
Address: 1111 HYPOLUXO ROAD, STE. 107
City-St-Zip: LANTANA, FL 33462

Title: MGR (X) Change () Addition
Name: NEMEROFSKY, STEPHEN L
Address: 1111 HYPOLUXO ROAD, STE. 107
City-St-Zip: LANTANA, FL 33462

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: TRACY NEMEROFSKY

MAN

01/05/2009

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