

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000047502

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** A PLUS HOME HEALTH CARE LLC

**Current Principal Place of Business:**

1111 HYPOLUXO ROAD  
SUITE 107  
LANTANA, FL 33462 US

**New Principal Place of Business:**

**Current Mailing Address:**

1111 HYPOLUXO ROAD  
SUITE 107  
LANTANA, FL 33462 US

**New Mailing Address:**

**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  
1111 HYPOLUXO ROAD  
STE. 107  
LANTANA, FL 33462 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:** NEMEROFSKY, TRACY A  
**Address:** 1111 HYPOLUXO ROAD, STE. 107  
**City-St-Zip:** LANTANA, FL 33462 US

**Title:** MGR  
**Name:** NEMEROFSKY, STEPHEN L  
**Address:** 1111 HYPOLUXO ROAD, STE. 107  
**City-St-Zip:** LANTANA, FL 33462 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:** STEPHEN NEMEROFSKY

MGR

03/13/2012

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