

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061209

FILED
Mar 20, 2009
Secretary of State

Entity Name: ALTUS HOME HEALTH SERVICES, LLC

Current Principal Place of Business:

301 NE 2ND DR.
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

301 NE 2ND DR.
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 26-2886603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, MARY A
1421 JAY CT
HOMESTEAD, FL 33035 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 () Delete
Name: GARCIA, MARY A
Address: 1421 JAY CT
City-St-Zip: HOMESTEAD, FL 33035 US

Title: MGRM () Delete
Name: CORO, ANA M
Address: 4580 SW 128 AVE
City-St-Zip: MIAMI, FL 33175 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANA CORO

MGRM

03/20/2009

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