

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000061209

**FILED**  
**Jan 30, 2012**  
**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 (X)**

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

**Title:** MGRM  
**Name:** CORO, ANA M  
**Address:** 4580 SW 128 AVE  
**City-St-Zip:** MIAMI, FL 33175 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:** MARY A GARCIA

MGRM

01/30/2012

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