

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000072953

FILED
Apr 22, 2009
Secretary of State

Entity Name: ALTERNATIVE CHOICE HOME HEALTH CARE, LLC

Current Principal Place of Business:

6676 BEDFORD OAK DRIVE
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

PO BOX 2103
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

7416 HALLMAN RD
KEYSTONE HEIGHTS, FL 32656

FEI Number: 41-2269632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAXLER, STEPHANIE R
6676 BEDFORD OAK DRIVE
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

TRAXLER, STEPHANIE R
7416 HALLMAN RD
KEYSTONE HEIGHTS, FL 32656 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: STEPHANIE R. TRAXLER

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRAXLER, STEPHANIE R
Address: 6676 BEDFORD OAK DRIVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TRAXLER, STEPHANIE R
Address: 7416 HALLMAN RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: STEPHANIE R. TRAXLER

MGR

04/22/2009

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