

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000072953

FILED
Apr 12, 2010
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:

314 SE 4TH AVE
MELROSE, FL 32666

Current Mailing Address:

7416 HALLMAN RD
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

314 SE 4TH AVE
MELROSE, FL 32666

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
7416 HALLMAN RD
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

TRAXLER, STEPHANIE R
314 SE 4TH AVE
MELROSE, FL 32666 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: _____

Electronic Signature of Registered Agent

04/12/2010

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: TRAXLER, STEPHANIE R
Address: 314 SE 4TH AVE
City-St-Zip: MELROSE, FL 32666

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: STEPHANIE R TRAXLER

MGR

04/12/2010

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