2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

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Entity Name: ALTERNATIVE CHOICE HOME HEALTH CARE, LLC

Current Principal Place of Business:

314 SE 4TH AVE
MELROSE, FL 32666

New Principal Place of Business:

Current Mailing Address:

314 SE 4TH AVE
MELROSE, FL 32666

New Mailing Address:

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
314 SE 4TH AVE
MELROSE, FL 32666 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: 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 Statues.

SIGNATURE: STEPHANIE R TRAXLER MGR 04/27/2011

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