

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000072953

FILED
May 01, 2012
Secretary of State

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:

6488 BROOKLYN BAY RD
KEYSTONE HEIGHTS, FL 32656

Current Mailing Address:

314 SE 4TH AVE
MELROSE, FL 32666

New Mailing Address:

PO BOX 563
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
314 SE 4TH AVE
MELROSE, FL 32666 US

Name and Address of New Registered Agent:

TRAXLER, STEPHANIE R
6488 BROOKLYN BAY 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:

05/01/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: TRAXLER, STEPHANIE R
Address: 6488 BROOKLYN BAY RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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

05/01/2012

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