

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000036944

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** TRUST USA HOME HEALTH LLC

**Current Principal Place of Business:**

8358 W. OAKLAND PARK BLVD.  
SUITE 100A  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

8358 W. OAKLAND PARK BLVD.  
SUITE 100A  
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number:** 26-4691189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIDSON, RON  
8358 W. OAKLAND PARK BLVD,  
SUITE 100A  
SUNRISE, FL 33351 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:** DAVIDSON, RON  
**Address:** 8358 W. OAKLAND PARK BLVD, SUITE 100A  
**City-St-Zip:** SUNRISE, FL 33351

**Title:** MGRM  
**Name:** ABDUL, MARLENE  
**Address:** 8358 W. OAKLAND PARK BLVD., SUITE 100-A  
**City-St-Zip:** SUNRISE, FL 33351

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: RON DAVIDSON

MGRM

04/25/2012

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