

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000040612

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** A COAST TO COAST HOME HEALTHCARE, L.L.C.

**Current Principal Place of Business:**

7481 W OAKLAND PARK BLVD #203B  
LAUDERHILL, FL 33151

**New Principal Place of Business:**

**Current Mailing Address:**

7481 W OAKLAND PARK BLVD #203B  
LAUDERHILL, FL 33151

**New Mailing Address:**

**FEI Number:** 26-4754247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

EARL, WALD  
7481 W OAKLAND PARK BLVD #203B  
LAUDERHILL, FL 33151 US

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

CHARLES, KANTOR ESQ  
3690 NE 195TH LANE  
AVENTURA, FL 33180 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: CHARLES KANTOR

02/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGM  
Name: KANTOR, ILON B  
Address: 3690 NE 195 LN  
City-St-Zip: AVENTURA, FL 33180

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: ILON B KANTOR

MGM

02/21/2011

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