

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000050417

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** ALSI HOME HEALTH CARE LLC

**Current Principal Place of Business:**

15715 S. DIXIE HWY., STE 214  
PALMETTO BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

10934 SW 158 TERR  
MIAMI, FL 33157

**New Mailing Address:**

10934 SW 158 TER  
MIAMI, FL 33157

**FEI Number:** 27-0271647

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOPAN, SIMONA  
10934 SW 158 TERR  
MIAMI, FL 33157 US

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

TOPAN, SIMONA  
10934 SW 158 TER  
MIAMI, FL 33157 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: SIMONA TOPAN

04/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TOPAN, SIMONA  
Address: 10934 SW 158 TER  
City-St-Zip: MIAMI, FL 33157

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: SIMONA TOPAN

MGRM

04/28/2011

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