

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078978

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** AMERIHOMHE HEALTH CARE, LLC

**Current Principal Place of Business:**

3524 TURENNE WAY  
WELLINGTON, FL 33449

**New Principal Place of Business:**

5300 W ATLANTIC AVE  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

3524 TURENNE WAY  
WELLINGTON, FL 33449

**New Mailing Address:**

**FEI Number:** 80-0465775      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

RUBIN, JONATHAN R ESQ.  
9360 SUNSET DRIVE, SUITE 285  
MIAMI, FL 33173      US

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

ANDREACCI, DANIEL J  
3524 TURENNE WAY  
WELLINGTON, FL 33449      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: DANIEL ANDREACCI

03/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CFO  
Name: ANDREACCI, TRINA D  
Address: 3524 TURENNE WAY  
City-St-Zip: WELLINGTON, FL 33449

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: TRINA ANDREACCI

CFO

03/29/2010

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