

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000096358

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** STAT HOME HEALTH CARE SERVICES, LLC

**Current Principal Place of Business:**

10131 FOREST HILL BLVD  
STE 100-B  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

10131 FOREST HILL BLVD  
STE 100-B  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 27-0865993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORBIGOSO, FE M  
6145 UNGERER ST  
JUPITER, FL 33458 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: GORRICETA, JURAM M  
Address: 653 CRESTA CIR  
City-St-Zip: W PALM BEACH, FL 33417

Title: MGR  
Name: LOPEZ, ANGELITO V  
Address: 1039 CENTER STONE LN  
City-St-Zip: RIVIERA BEACH, FL 33404

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: JURAM GORRICETA

PRES

02/23/2010

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