

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000000625

**Entity Name:** AP HOME HEALTH CARE, LLC

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5700 LAKE WORTH ROAD  
SUITE 208  
GREENACRES, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 210186  
WEST PALM BEACH, FL 33421

**New Mailing Address:**

**FEI Number:** 27-1581414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARRYL, RON O  
10920 OAK BEND WAY  
WELLINGTON, FL 33414 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:** CARRYL, RON O  
**Address:** 10920 OAK BEND WAY  
**City-St-Zip:** WELLINGTON, FL 33414

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 O. CARRYL

MGRM

02/07/2011

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