

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000000625

Entity Name: AP HOME HEALTH CARE, LLC

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5700 LAKE WORTH ROAD  
SUITE 208  
GREENACRES, FL 33463

**New Principal Place of Business:**

1280 N CONGRESS AVE  
SUITE 109  
WEST PALM BEACH, FL 33409

**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

MR

03/30/2012

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