

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000004322

Entity Name: KAPLAN HOMECARE LLC

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8364 VIA LEONESSA  
BOCA RATON, FL 33433

**New Principal Place of Business:**

7777 WEST GLADES ROAD  
SUITE 100  
BOCA RATON, FL 33434

**Current Mailing Address:**

8364 VIA LEONESSA  
BOCA RATON, FL 33433

**New Mailing Address:**

7777 WEST GLADES ROAD  
SUITE 100  
BOCA RATON, FL 33434

FEI Number: 27-1653764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KAPLAN, EVAN  
8364 VIA LEONESSA  
BOCA RATON, FL 33433 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: MR  
Name: KAPLAN, EVAN M.B.A  
Address: 8364 VIA LEONESSA  
City-St-Zip: BOCA RATON, FL 33433 US

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: EVAN KAPLAN

MR.

04/19/2011

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