

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000063942

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** EMET FAMILY HOME CARE, LLC

**Current Principal Place of Business:**

2385 N.W. EXECUTIVE DRIVE  
SUITE 100  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

2700 WEST OAKLAND PARK BLVD  
19A  
OAKLAND PARK, FL 33311 US

**New Mailing Address:**

2700 WEST OAKLAND PARK BLVD  
24  
OAKLAND PARK, FL 33311 US

**FEI Number:** 20-8468669

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEN, VERONICA  
2700 WEST OAKLAND PARK BLVD  
19A  
OAKLAND PARK, FL 33311 US

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

ALLEN, VERONICA  
2700 WEST OAKLAND PARK BLVD  
24  
OAKLAND PARK, FL 33311 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:**

04/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ALLEN, VERONICA  
**Address:** 2700 W.OAKLAND PARK BLVD SUITE # 24  
**City-St-Zip:** OAKLAND PARK, FL 33311 US

**Title:** MGRM  
**Name:** ALLEN, MICHAEL  
**Address:** 2700 W. OAKLAND PARK BLVD SUITE # 24  
**City-St-Zip:** OAKLAND PARK, FL 33311 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:** VERONICA ALLEN

MGR

04/25/2011

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