

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000074019

FILED
Apr 27, 2011
Secretary of State

Entity Name: HOME HEALTH MANAGEMENT, LLC.

Current Principal Place of Business:

760 LONGFORD LOOP
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

760 LONGFORD LOOP
APOPKA, FL 32703

New Mailing Address:

FEI Number: 27-3273622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST FLEUR, SNEIDER
760 LONGFORD LOOP
APOPKA, FL 32703 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: PRES
Name: ST FLEUR, SOYLLA
Address: 760 LONGFORD LOOP
City-St-Zip: APOPKA, FL 32703

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: SNEIDER ST FLEUR

RA

04/27/2011

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