

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000076036

**FILED**  
**Jul 13, 2011**  
**Secretary of State**

**Entity Name:** M & D HOME HEALTH CARE, LLC

**Current Principal Place of Business:**

1840 W. 49 STREET  
SUITE 309  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1840 W. 49 STREET  
SUITE 309  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 65-0427642

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GELLER, DAVID ESQ.  
15500 NEW BARN RD.  
SUITE 104  
MIAMI LAKES, FL 33014 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: MGR  
Name: LOPEZ, MERCEDES  
Address: 1840 W. 49 STREET SUITE 309  
City-St-Zip: HIALEAH, FL 33012

Title: MGR  
Name: OLIVER, FELIPE  
Address: 1840 W. 49 STREET SUITE 309  
City-St-Zip: HIALEAH, FL 33012

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: MERCEDES LOPEZ

P

07/13/2011

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