

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000100367

FILED
Feb 14, 2012
Secretary of State

Entity Name: NORTH BEACH HOME HEALTH CARE, LLC

Current Principal Place of Business:

PARK PLAZA OFFICE BUILDING
120 EAST OAKLAND PARK BOULEVARD NO. 208
WILTON MANORS, FL 33334

New Principal Place of Business:

Current Mailing Address:

PARK PLAZA OFFICE BUILDING
120 EAST OAKLAND PARK BOULEVARD NO. 208
WILTON MANORS, FL 33334

New Mailing Address:

FEI Number: 27-3652458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIAN, LEVIN
2665 SOUTH BAYSHORE DRIVE
PH -2B
MIAMI, FL 33133 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: LEVIN, BRIAN
Address: 2200 SOUTH OCEAN LANE, #2808
City-St-Zip: FT. LAUDERDALE, FL 33316 US

Title: MGRM
Name: WALTER, JED
Address: 2200 SOUTH OCEAN LANE, #2808
City-St-Zip: FT. LAUDERDALE, FL 33316 US

Title: MGRM
Name: NOBLEFRANCA, EUSEBIO
Address: 2200 SOUTH OCEAN LANE, #2808
City-St-Zip: FT. LAUDERDALE, FL 33316 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: EUSEBIO C. NOBLEFRANCA

MGRM

02/14/2012

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