

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000116450

FILED  
Feb 17, 2012  
Secretary of State

**Entity Name:** GENTLE TOUCH HOME HEALTH CARE LLC

**Current Principal Place of Business:**

2393 S CONGRESS AVE  
200  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

3401 S CONGRESS AVE  
201  
WEST PALM BEACH, FL 33461

**Current Mailing Address:**

2393 S CONGRESS AVE  
200  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

3401 S CONGRESS AVE  
201  
WEST PALM BEACH, FL 33461

**FEI Number:** 27-3897806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERLINE, MARCELIN LOCHARD  
624 SEA PINE WAY  
B3  
GREENACRES, FL 33415 US

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

HERLINE, MARCELIN LOCHARD  
5768 LAKE OSBORNE DR  
LAKE WORTH, FL 33461 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: MARYSE LEGROS

02/17/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HERLINE, LOCHARD  
Address: 5768 LAKE  
City-St-Zip: GREENACRES, FL 33415

Title: MGR  
Name: LEGROS, MARYSE  
Address: 4900 BUILD 28 APT 201 LUCERNE LAKES BLVD  
City-St-Zip: LAKE WORTH, FL 33467

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: HERLINE LOCHARD

MGRM

02/17/2012

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