

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000024747

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** LIVINGWELL HOME HEALTHCARE AGENCY, LLC.

**Current Principal Place of Business:**

12222 SW 6TH STREET  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

12222 SW 6TH STREET  
PEMBROKE PINES, FL 33025

**New Mailing Address:**

**FEI Number:** 45-3303926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOUGLAS, DERRICK  
16323 NW 19TH STREET  
PEMBROKE PINES, FL 33028 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:** MCPHERSON VINCENT, ZONA  
**Address:** 17972 SW 41ST STREET  
**City-St-Zip:** MIRAMAR, FL 33029

**Title:** MGRM  
**Name:** DOUGLAS, VONNETTE  
**Address:** 16323 NW 19TH STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33028

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:** VONNETTE DOUGLAS

MGRM

04/30/2012

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