

2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000024747

FILED
Sep 23, 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:

1560 SAWGRASS CORPORATE PARKWAY
PLANTATION, FL 33323

Current Mailing Address:

12222 SW 6TH STREET
PEMBROKE PINES, FL 33025

New Mailing Address:

1560 SAWGRASS CORPORATE PARKWAY
PLANTATION, FL 33323

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: P/S
Name: MCPHERSON VINCENT, ZONA
Address: 17972 SW 41ST STREET
City-St-Zip: MIRAMAR, FL 33029

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

Title: T
Name: DOUGLAS, DERRICK
Address: 16323 NW 19 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

VP

09/23/2012

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