

**2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000029464

**FILED  
Nov 14, 2012  
Secretary of State****Entity Name:** PROVIDENCE HOME HEALTH AGENCY LLC**Current Principal Place of Business:**7763 JOHNSON ST.,  
PEMBROKE PINES, FL 33024**New Principal Place of Business:****Current Mailing Address:**7763 JOHNSON ST.,  
PEMBROKE PINES, FL 33024**New Mailing Address:**

FEI Number: 27-5444284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**ESTABILLO, DAVID  
424 NE 70TH ST.  
MIAMI, FL 33138 US**Name and Address of New Registered Agent:**ESTABILLO, RUBEN  
3253 NW 104TH AVENUE  
SUNRISE, FL 33351 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: RUBEN ESTABILLO

11/14/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ESTABILLO, RUBEN  
Address: 3253 NW 104TH AVENUE  
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR  
Name: REYES, EVELYN  
Address: 800 SW 191 ST TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029 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: RUBEN ESTABILLO

MGRM

11/14/2012

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