

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000045028

FILED
May 01, 2012
Secretary of State

Entity Name: FLORIDA SENIOR HOME HEALTH CARE, LLC

Current Principal Place of Business:

377 MAITLAND AVE
STE 2001
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

377 MAITLAND AVE
STE 2001
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GRANT, PHILLIPS ESQ
16375 NE 18TH AVENUE
304
NORTH MIAMI BEACH, FL 33162 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: MGR
Name: DIAMOND, SUSAN
Address: 473 WEST END AVE
City-St-Zip: NEW YORK, NY 10023 US

Title: MGR
Name: SCHARF, ALEXANDER
Address: 305 WEST END AVE
City-St-Zip: NEW YORK, NY 10023 US

Title: MGR
Name: SCHARF, DAVID
Address: 305 WEST END AVE
City-St-Zip: NEW YORK, NY 10023 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: SUSAN DIAMOND

MGR

05/01/2012

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