

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000063191

FILED
Jan 04, 2012
Secretary of State

Entity Name: RELIABLE HOME HEALTH CARE, LLC

Current Principal Place of Business:

6406 E. FOWLER AVE.
SUITE D
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

2520 W. HENRY AVE.
TAMPA, FL 33614

New Mailing Address:

FEI Number: 27-2910524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STOWERS, DARLENE L
2520 W. HENRY AVE.
TAMPA, FL 33614 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: STOWERS, DARLENE L
Address: 2520 W. HENRY AVE.
City-St-Zip: TAMPA, FL 33614

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: DARLENE STOWERS

MGRM

01/04/2012

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