2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# L11000102523

Entity Name: ABUNDANCE OF CARE HOME HEALTH LLC.

Current Principal Place of Business:

801 NORTHPOINT PARKWAY
STE 3
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

801 NORTHPOINT PARKWAY
STE 3
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 45-3249221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, ILEANA C
801 NORTHPOINT PARKWAY
STE 3
WEST PALM BEACH, FL 33407 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: SMITH, ILEANA C
Address: 801 NORTHPOINT PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR
Name: MEDINA, DOMINIC P
Address: 801 NORTHPOINT PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP
Name: SMITH, MAURICE
Address: 9426 102ND PLACE SOUTH
City-St-Zip: BOYTON BEACH, FL 33473

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 Statues.

SIGNATURE: MAURICE SMITH VP 05/01/2012

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